

Introduced by Committee on Budget and Fiscal Review

January 10, 2013

~~An act relating to the Budget Act of 2013.~~ *An act to amend Sections 315, 2401, 19954, and 22959 of the Business and Professions Code, to amend Sections 8803 and 51269 of the Education Code, to amend Sections 6253.4, 12711, 12803, 95001, 95012, and 95020 of the Government Code, to amend Sections 1179.3, 1275.2, 1522.08, 1535, 11217, 11752, 11752.1, 11755.2, 11756.8, 11757.53, 11757.65, 11758.03, 11758.06, 11773, 11773.1, 11773.2, 11773.3, 11776, 11798, 11812.6, 11836.16, 11837, 11839.1, 11839.2, 11839.3, 11839.5, 11839.7, 11839.9, 11839.26, 11842, 11842.5, 11847, 11970, 11973, 11975, 11999.1, 11999.6, 11999.20, 11999.25, 11999.30, 120860, 124174.2, 124174.4, and 127185 of, to amend the heading of Division 10.5 (commencing with Section 11750) of, to add Sections 11759.5, 11970.5, 11998.4, and 131055.2 to, to add and repeal Section 11750.1 of, to repeal Sections 11751.1, 11751.2, 11751.9, 11798.1, 11820.1, 11844, 11844.5, and 11845 of, and to repeal and add Sections 11750 and 11751 of, the Health and Safety Code, to amend Sections 12693.68 and 12693.95 of the Insurance Code, to amend Sections 1174.2, 1463.16, 6140, 6241, 6242.6, 13510.5, and 13864 of the Penal Code, to amend Sections 2626.1 and 2626.2 of the Unemployment Insurance Code, to amend Sections 13353.45, 23538, 23556, and 23646 of the Vehicle Code, and to amend Sections 2100, 2104, 2106, 4042, 4367.5, 4368.5, 4369, 4369.1, 4369.4, 5814, 10506, 14132.21, 14132.90, 17700, and 18987.7 of, to add Section 14132.905 to, to add and repeal Section 4369.5 of, and to repeal Sections 4024.5 and 14132.36 of, the Welfare and Institutions Code, relating to public social services, and making*

an appropriation therefor, to take effect immediately, bill related to the budget.

LEGISLATIVE COUNSEL'S DIGEST

SB 70, as amended, Committee on Budget and Fiscal Review. ~~Budget Act of 2013.~~ *Alcohol and drug programs.*

Under existing law, the State Department of Alcohol and Drug Programs is responsible for administering prevention, treatment, and recovery services for alcohol and drug abuse and problem gambling. Existing law requires the department to issue allocations of state and federal funds available to counties to provide alcohol and other drug programs. Existing law also requires counties that utilize these funds to adopt and submit to the department a county plan and negotiated net amount contract for department review and approval or disapproval, as specified. Existing law provides that, effective July 1, 2013, the administrative and programmatic functions that were previously performed by the department are transferred to departments within the California Health and Human Services Agency. Existing law also provides that the ultimate placement of these functions is contingent upon the Budget Act of 2013 and implementing legislation.

This bill would, on July 1, 2013, transfer the administration of prevention, treatment, and recovery services for alcohol and drug abuse to the State Department of Health Care Services and services for problem gambling to the State Department of Public Health, and would make related changes. The bill would require, by April 1, 2014, and March 1 annually thereafter, until July 1, 2018, the State Department of Health Care Services and the State Department of Public Health to make specified reports on the substance use disorders services program, as provided, and on the Office of Problem and Pathological Gambling, as provided, to the Joint Legislative Budget Committee and the appropriate budget subcommittees and policy committees of the Legislature, and publicly post their reports on their respective Internet Web sites.

Existing law imposes certain requirements on the State Department of Alcohol and Drug Programs and on the Judicial Council relating to the design and implementation of specified drug court programs. Existing law also requires the department to establish community-based recovery programs to treat the problems of alcohol and other drug use among youth, as specified, and to develop and implement a statewide

prevention campaign designed to deter the abuse of methamphetamine in California. Existing law authorizes the department to implement a program for the establishment of group homes for alcohol and other drug abusers, and to establish the Resident-Run Housing Revolving Fund for the purpose of making loans to group resident-run homes in conformance with federal law.

This bill would make these provisions inoperative on July 1, 2013.

Existing law requires a county that applies for funds to provide alcohol and other drug abuse to prepare and submit a contract for alcohol and other drug abuse services to the department. Under existing law, net negotiated amount contracts that are in effect on June 27, 2012, are deemed contracts for alcohol and other drug abuse services for purposes of a county's application for these funds.

This bill would delete the provision deeming net negotiated amount contracts to be contracts for alcohol and other drug abuse services.

This bill would appropriate the sum of \$2,004,000 from the Federal Trust Fund to the State Department of Health Care Services for mental health programs. The bill would make further technical, nonsubstantive changes to these provisions.

This bill would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget Bill.

~~This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2013.~~

Vote: majority. Appropriation: ~~no~~-yes. Fiscal committee: ~~no~~ yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 315 of the Business and Professions Code
2 is amended to read:
3 315. (a) For the purpose of determining uniform standards
4 that will be used by healing arts boards in dealing with
5 substance-abusing licensees, there is established in the Department
6 of Consumer Affairs the Substance Abuse Coordination
7 Committee. The committee shall be comprised of the executive
8 officers of the department's healing arts boards established pursuant
9 to Division 2 (commencing with Section 500), the State Board of
10 Chiropractic Examiners, the Osteopathic Medical Board of
11 California, and a designee of the State Department of ~~Alcohol and~~
12 ~~Drug Programs.~~ Health Care Services. The Director of Consumer

1 Affairs shall chair the committee and may invite individuals or
2 stakeholders who have particular expertise in the area of substance
3 abuse to advise the committee.

4 (b) The committee shall be subject to the Bagley-Keene Open
5 Meeting Act (Article 9 (commencing with Section 11120) of
6 Division 3 of Title 2 of the Government Code).

7 (c) By January 1, 2010, the committee shall formulate uniform
8 and specific standards in each of the following areas that each
9 healing arts board shall use in dealing with substance-abusing
10 licensees, whether or not a board chooses to have a formal
11 diversion program:

12 (1) Specific requirements for a clinical diagnostic evaluation of
13 the licensee, including, but not limited to, required qualifications
14 for the providers evaluating the licensee.

15 (2) Specific requirements for the temporary removal of the
16 licensee from practice, in order to enable the licensee to undergo
17 the clinical diagnostic evaluation described in paragraph (1) and
18 any treatment recommended by the evaluator described in
19 paragraph (1) and approved by the board, and specific criteria that
20 the licensee must meet before being permitted to return to practice
21 on a full-time or part-time basis.

22 (3) Specific requirements that govern the ability of the licensing
23 board to communicate with the licensee's employer about the
24 licensee's status and condition.

25 (4) Standards governing all aspects of required testing, including,
26 but not limited to, frequency of testing, randomness, method of
27 notice to the licensee, number of hours between the provision of
28 notice and the test, standards for specimen collectors, procedures
29 used by specimen collectors, the permissible locations of testing,
30 whether the collection process must be observed by the collector,
31 backup testing requirements when the licensee is on vacation or
32 otherwise unavailable for local testing, requirements for the
33 laboratory that analyzes the specimens, and the required maximum
34 timeframe from the test to the receipt of the result of the test.

35 (5) Standards governing all aspects of group meeting attendance
36 requirements, including, but not limited to, required qualifications
37 for group meeting facilitators, frequency of required meeting
38 attendance, and methods of documenting and reporting attendance
39 or nonattendance by licensees.

1 (6) Standards used in determining whether inpatient, outpatient,
2 or other type of treatment is necessary.

3 (7) Worksite monitoring requirements and standards, including,
4 but not limited to, required qualifications of worksite monitors,
5 required methods of monitoring by worksite monitors, and required
6 reporting by worksite monitors.

7 (8) Procedures to be followed when a licensee tests positive for
8 a banned substance.

9 (9) Procedures to be followed when a licensee is confirmed to
10 have ingested a banned substance.

11 (10) Specific consequences for major violations and minor
12 violations. In particular, the committee shall consider the use of a
13 “deferred prosecution” stipulation similar to the stipulation
14 described in Section 1000 of the Penal Code, in which the licensee
15 admits to self-abuse of drugs or alcohol and surrenders his or her
16 license. That agreement is deferred by the agency unless or until
17 the licensee commits a major violation, in which case it is revived
18 and the license is surrendered.

19 (11) Criteria that a licensee must meet in order to petition for
20 return to practice on a full-time basis.

21 (12) Criteria that a licensee must meet in order to petition for
22 reinstatement of a full and unrestricted license.

23 (13) If a board uses a private-sector vendor that provides
24 diversion services, standards for immediate reporting by the vendor
25 to the board of any and all noncompliance with any term of the
26 diversion contract or probation; standards for the vendor’s approval
27 process for providers or contractors that provide diversion services,
28 including, but not limited to, specimen collectors, group meeting
29 facilitators, and worksite monitors; standards requiring the vendor
30 to disapprove and discontinue the use of providers or contractors
31 that fail to provide effective or timely diversion services; and
32 standards for a licensee’s termination from the program and referral
33 to enforcement.

34 (14) If a board uses a private-sector vendor that provides
35 diversion services, the extent to which licensee participation in
36 that program shall be kept confidential from the public.

37 (15) If a board uses a private-sector vendor that provides
38 diversion services, a schedule for external independent audits of
39 the vendor’s performance in adhering to the standards adopted by
40 the committee.

1 (16) Measurable criteria and standards to determine whether
2 each board's method of dealing with substance-abusing licensees
3 protects patients from harm and is effective in assisting its licensees
4 in recovering from substance abuse in the long term.

5 *SEC. 2. Section 2401 of the Business and Professions Code is*
6 *amended to read:*

7 2401. (a) Notwithstanding Section 2400, a clinic operated
8 primarily for the purpose of medical education by a public or
9 private nonprofit university medical school, which is approved by
10 the board or the Osteopathic Medical Board of California, may
11 charge for professional services rendered to teaching patients by
12 licensees who hold academic appointments on the faculty of the
13 university, if the charges are approved by the physician and surgeon
14 in whose name the charges are made.

15 (b) Notwithstanding Section 2400, a clinic operated under
16 subdivision (p) of Section 1206 of the Health and Safety Code
17 may employ licensees and charge for professional services rendered
18 by those licensees. However, the clinic shall not interfere with,
19 control, or otherwise direct the professional judgment of a
20 physician and surgeon in a manner prohibited by Section 2400 or
21 any other provision of law.

22 (c) Notwithstanding Section 2400, a narcotic treatment program
23 operated under Section 11876 of the Health and Safety Code and
24 regulated by the State Department of ~~Alcohol and Drug Programs,~~
25 *Health Care Services*, may employ licensees and charge for
26 professional services rendered by those licensees. However, the
27 narcotic treatment program shall not interfere with, control, or
28 otherwise direct the professional judgment of a physician and
29 surgeon in a manner prohibited by Section 2400 or any other
30 provision of law.

31 (d) Notwithstanding Section 2400, a hospital owned and
32 operated by a health care district pursuant to Division 23
33 (commencing with Section 32000) of the Health and Safety Code
34 may employ a licensee pursuant to Section 2401.1, and may charge
35 for professional services rendered by the licensee, if the physician
36 and surgeon in whose name the charges are made approves the
37 charges. However, the hospital shall not interfere with, control, or
38 otherwise direct the physician and surgeon's professional judgment
39 in a manner prohibited by Section 2400 or any other provision of
40 law.

(e) Notwithstanding Section 2400, a hospital that is owned and operated by a licensed charitable organization, that offers only pediatric subspecialty care, that, prior to January 1, 2013, employed licensees on a salary basis, and that has not charged for professional services rendered to patients may, commencing January 1, 2013, charge for professional services rendered to patients, provided the following conditions are met:

(1) The hospital does not increase the number of salaried licensees by more than five licensees each year.

(2) The hospital does not expand its scope of services beyond pediatric subspecialty care.

(3) The hospital accepts each patient needing its scope of services regardless of his or her ability to pay, including whether the patient has any form of health care coverage.

(4) The medical staff concur by an affirmative vote that the licensee's employment is in the best interest of the communities served by the hospital.

(5) The hospital does not interfere with, control, or otherwise direct a physician and surgeon's professional judgment in a manner prohibited by Section 2400 or any other provision of law.

SEC. 3. Section 19954 of the Business and Professions Code is amended to read:

19954. In addition to those fees required pursuant to Section 19951, each licensee shall pay an additional one hundred dollars (\$100) for each table for which it is licensed to the ~~State Department of Alcohol and Drug Programs~~ *Public Health* for deposit in the Gambling Addiction Program Fund, which is hereby established to benefit those who have a gambling addiction problem. These funds shall be made available, upon appropriation by the Legislature, to community-based organizations that directly provide aid and assistance to those persons with a gambling addiction problem.

SEC. 4. Section 22959 of the Business and Professions Code is amended to read:

22959. (a) The sum of two million dollars (\$2,000,000) shall be transferred annually from the portion of the federal Substance Abuse Prevention and Treatment block grant moneys allocated to the State Department of ~~Alcohol and Drug Programs~~ *Health Care Services* for administrative purposes related to substance abuse programs, to the Sale of Tobacco to Minors Control Account.

(b) Upon appropriation by the Legislature, moneys in the Sale of Tobacco to Minors Control Account shall be expended by the state department to administer and enforce this division.

SEC. 5. Section 8803 of the Education Code is amended to read:

8803. In order to encourage the integration of children's services, it is the intent of the Legislature to promote interagency coordination and collaboration among the state agencies responsible for the provision of support services to children and their families.

Therefore, the Legislature hereby establishes the Healthy Start Support Services for Children Program Council, as follows:

(a) Members of the council shall include the Superintendent, the agency secretary, and the directors of the State Department of Health Care Services, ~~the State Department of Social Services,~~ and the State Department of ~~Alcohol and Drug Programs.~~ *Social Services.*

(b) Duties of the council shall include:

(1) Developing, promoting, and implementing policy supporting the Healthy Start Support Services for Children Grant Program.

(2) Assisting the lead agency in reviewing grant applications submitted to the lead agency and providing the lead agency with recommendations for awarding grants pursuant to Section 8804.

(3) Soliciting input regarding program policy and direction from individuals and entities with experience in the integration of children's services.

(4) Assisting the lead agency in fulfilling its responsibilities under this chapter.

(5) Providing recommendations to the Governor, the Legislature, and the lead agency regarding the Healthy Start Support Services for Children Grant Program.

(6) At the request of the Superintendent, assisting the local educational agency or consortium in planning and implementing this program, including assisting with local technical assistance, and developing agency collaboration.

SEC. 6. Section 51269 of the Education Code is amended to read:

51269. (a) The State Department of Education shall collaborate, to the extent possible, with other state agencies that administer drug, alcohol, and tobacco abuse prevention education

1 programs to streamline and simplify the process whereby local
2 educational agencies apply for state and federal drug, alcohol, and
3 tobacco education funds.

4 (b) The State Department of Education, in consultation with the
5 Department of Justice, *Office of Emergency Services*, the ~~California~~
6 ~~Emergency Management Agency~~, *State Department of Public*
7 *Health*, and the State Department of ~~Alcohol and Drug Programs~~,
8 *Health Care Services*, shall develop, to the extent possible, an
9 ongoing statewide monitoring and assessment system to provide
10 current and reliable data on the utilization of resources for programs
11 for prevention of and early intervention for drug, alcohol, and
12 tobacco abuse. The purpose of the system shall be to facilitate
13 improved planning and program delivery among state and local
14 agencies, including law enforcement, juvenile justice, county
15 health, and county drug and alcohol agencies and programs, and
16 communities.

17 *SEC. 7. Section 6253.4 of the Government Code is amended*
18 *to read:*

19 6253.4. (a) Every agency may adopt regulations stating the
20 procedures to be followed when making its records available in
21 accordance with this section.

22 The following state and local bodies shall establish written
23 guidelines for accessibility of records. A copy of these guidelines
24 shall be posted in a conspicuous public place at the offices of these
25 bodies, and a copy of the guidelines shall be available upon request
26 free of charge to any person requesting that body's records:

27 Department of Motor Vehicles
28 Department of Consumer Affairs
29 ~~Department of Transportation Agency~~
30 ~~Department Bureau~~ of Real Estate
31 Department of Corrections *and Rehabilitation*
32 ~~Department Division of the Youth Authority~~ *Juvenile Justice*
33 Department of Justice
34 Department of Insurance
35 Department of ~~Corporations~~ *Business Oversight*
36 Department of Managed Health Care
37 Secretary of State
38 State Air Resources Board
39 Department of Water Resources
40 Department of Parks and Recreation

1 San Francisco Bay Conservation and Development Commission
2 State Board of Equalization
3 State Department of Health Care Services
4 Employment Development Department
5 State Department of Public Health
6 State Department of Social Services
7 State Department of State Hospitals
8 State Department of Developmental Services
9 ~~State Department of Alcohol and Drug Abuse~~
10 Office of Statewide Health Planning and Development
11 Public Employees' Retirement System
12 Teachers' Retirement Board
13 Department of Industrial Relations
14 Department of General Services
15 Department of Veterans Affairs
16 Public Utilities Commission
17 California Coastal Commission
18 State Water Resources Control Board
19 San Francisco Bay Area Rapid Transit District
20 All regional water quality control boards
21 Los Angeles County Air Pollution Control District
22 Bay Area Air Pollution Control District
23 Golden Gate Bridge, Highway and Transportation District
24 Department of Toxic Substances Control
25 Office of Environmental Health Hazard Assessment
26 (b) Guidelines and regulations adopted pursuant to this section
27 shall be consistent with all other sections of this chapter and shall
28 reflect the intention of the Legislature to make the records
29 accessible to the public. The guidelines and regulations adopted
30 pursuant to this section shall not operate to limit the hours public
31 records are open for inspection as prescribed in Section 6253.
32 *SEC. 8. Section 12711 of the Government Code is amended to*
33 *read:*
34 12711. (a) It is the intent of the Legislature to establish a fair
35 and proportionate system to award grants from the Indian Gaming
36 Special Distribution Fund for the support of local government
37 agencies impacted by tribal gaming. It is also the intent of the
38 Legislature that priority for funding shall be given to local
39 government agencies impacted by the tribal casinos that contribute
40 to the Indian Gaming Special Distribution Fund.

(b) It is the intent of the Legislature that in the event that any compact between any tribe and the state takes effect on or after the effective date of this chapter, or that any compact between any tribe and the state that took effect on or before May 16, 2000, is renegotiated and reexecuted at any time after its initial effective date, money provided to the state by a tribe pursuant to the terms of these compacts shall be applied on a pro rata basis to the state costs for the regulation of gaming and for problem gambling prevention programs in the Office of Problem and Pathological Gambling within the State Department of ~~Alcohol and Drug Programs~~. *Public Health*.

(c) It is the intent of the Legislature that if any compact between any tribe and the state takes effect on or after the effective date of this chapter, or if any compact between any tribe and the state that took effect on or before May 16, 2000, is renegotiated and reexecuted at any time after its initial effective date, any revenue sharing provisions of that compact that requires distributions to nongaming or noncompact tribes shall result in a decrease in the amount that the Legislature appropriates pursuant to this chapter.

SEC. 9. Section 12803 of the Government Code is amended to read:

12803. (a) The California Health and Human Services Agency consists of the following departments: *Aging; Community Services and Development; Developmental Services; Health Care Services; Mental Health; Developmental Services; Managed Health Care; Public Health; Rehabilitation; Social Services; Alcohol and Drug Abuse; Aging; Rehabilitation; and Community Services and Development and State Hospitals.*

(b) The agency also includes the *Emergency Medical Services Authority, the Managed Risk Medical Insurance Board, the Office of Health Information Integrity, the Office of Patient Advocate, the Office of Statewide Health Planning and Development Development, the Office of Systems Integration, and the State Council on Developmental Disabilities.*

(c) The Department of Child Support Services is hereby created within the agency commencing January 1, 2000, and shall be the single organizational unit designated as the state's Title IV-D agency with the responsibility for administering the state plan and providing services relating to the establishment of paternity or the establishment, modification, or enforcement of child support

obligations as required by Section 654 of Title 42 of the United States Code. State plan functions shall be performed by other agencies as required by law, by delegation of the department, or by cooperative agreements.

SEC. 10. Section 95001 of the Government Code is amended to read:

95001. (a) The Legislature hereby finds and declares all of the following:

(1) There is a need to provide appropriate early intervention services individually designed for infants and toddlers from birth to two years of age, inclusive, who have disabilities or are at risk of having disabilities, to enhance their development and to minimize the potential for developmental delays.

(2) Early intervention services for infants and toddlers with disabilities or who are at risk of having disabilities represent an investment of resources, in that these services reduce the ultimate costs to our society, by minimizing the need for special education and related services in later school years and by minimizing the likelihood of institutionalization. These services also maximize the ability of families to better provide for the special needs of their children. Early intervention services for infants and toddlers with disabilities maximize the potential of the individuals to be effective in the context of daily life and activities, including the potential to live independently, and exercise the full rights of citizenship. The earlier intervention is started, the greater is the ultimate cost-effectiveness and the higher is the educational attainment and quality of life achieved by children with disabilities.

(3) The family is the constant in the child's life, while the service system and personnel within those systems fluctuate. Because the primary responsibility of an infant's or toddler's well-being rests with the family, services should support and enhance the family's capability to meet the special developmental needs of their infant or toddler with disabilities.

(4) Family-to-family support strengthens families' ability to fully participate in services planning and their capacity to care for their infants or toddlers with disabilities.

(5) Meeting the complex needs of infants with disabilities and their families requires active state and local coordinated, collaborative, and accessible service delivery systems that are flexible, culturally competent, and responsive to family-identified

1 needs. When health, developmental, educational, and social
2 programs are coordinated, they are proven to be cost effective, not
3 only for systems, but for families as well.

4 (6) Family-professional collaboration contributes to changing
5 the ways that early intervention services are provided and to
6 enhancing their effectiveness.

7 (7) Infants and toddlers with disabilities are a part of their
8 communities, and as citizens make valuable contributions to society
9 as a whole.

10 (b) Therefore, it is the intent of the Legislature that:

11 (1) Funding provided under Part C of the federal Individuals
12 with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.) be
13 used to improve and enhance early intervention services as defined
14 in this title by developing innovative ways of providing family
15 focused, coordinated services, which are built upon existing
16 systems.

17 (2) The State Department of Developmental Services, the State
18 Department of Education, the State Department of Health Care
19 Services, ~~the State Department of Social Services,~~ and the State
20 Department of ~~Alcohol and Drug Programs~~ *Social Services*
21 coordinate services to infants and toddlers with disabilities and
22 their families. These agencies need to collaborate with families
23 and communities to provide a family-centered, comprehensive,
24 multidisciplinary, interagency, community-based, early intervention
25 system for infants and toddlers with disabilities.

26 (3) Families be well informed, supported, and respected as
27 capable and collaborative decisionmakers regarding services for
28 their child.

29 (4) Professionals be supported to enhance their training and
30 maintain a high level of expertise in their field, as well as
31 knowledge of what constitutes most effective early intervention
32 practices.

33 (5) Families and professionals join in collaborative partnerships
34 to develop early intervention services that meet the needs of infants
35 and toddlers with disabilities, and that those partnerships be the
36 basis for the development of services that meet the needs of the
37 culturally and linguistically diverse population of California.

38 (6) To the maximum extent possible, infants and toddlers with
39 disabilities and their families be provided services in the most

1 natural environment, and include the use of natural supports and
2 existing community resources.

3 (7) The services delivery system be responsive to the families
4 and children it serves within the context of cooperation and
5 coordination among the various agencies.

6 (8) Early intervention program quality be ensured and
7 maintained through established early intervention program and
8 personnel standards.

9 (9) The early intervention system be responsive to public input
10 and participation in the development of implementation policies
11 and procedures for early intervention services through the forum
12 of an interagency coordinating council established pursuant to
13 federal regulations under Part C of the federal Individuals with
14 Disabilities Education Act.

15 (c) It is not the intent of the Legislature to require the State
16 Department of Education to implement this title unless adequate
17 reimbursement, as specified and agreed to by the department, is
18 provided to the department from federal funds from Part C of the
19 federal Individuals with Disabilities Education Act.

20 *SEC. 11. Section 95012 of the Government Code is amended*
21 *to read:*

22 95012. (a) The following departments shall cooperate and
23 coordinate their early intervention services for eligible infants and
24 their families under this title, and need to collaborate with families
25 and communities, to provide a family-centered, comprehensive,
26 multidisciplinary, interagency, community-based early intervention
27 system:

28 (1) State Department of Developmental Services.

29 (2) State Department of Education.

30 (3) State Department of Health Care Services.

31 (4) State Department of Social Services.

32 ~~(5) State Department of Alcohol and Drug Programs.~~

33 (b) Each participating department shall enter into an interagency
34 agreement with the State Department of Developmental Services.
35 Each interagency agreement shall specify, at a minimum, the
36 agency's current and continuing level of financial participation in
37 providing services to infants and toddlers with disabilities and their
38 families. Each interagency agreement shall also specify procedures
39 for resolving disputes in a timely manner. Interagency agreements
40 shall also contain provisions for ensuring effective cooperation

1 and coordination among agencies concerning policymaking
2 activities associated with the implementation of this title, including
3 legislative proposals, regulation development, and fiscal planning.
4 All interagency agreements shall be reviewed annually and revised
5 as necessary.

6 *SEC. 12. Section 95020 of the Government Code is amended*
7 *to read:*

8 95020. (a) An eligible infant or toddler shall have an
9 individualized family service plan. The individualized family
10 service plan shall be used in place of an individualized education
11 program required pursuant to Sections 4646 and 4646.5 of the
12 Welfare and Institutions Code, the individualized program plan
13 required pursuant to Section 56340 of the Education Code, or any
14 other applicable service plan.

15 (b) For an infant or toddler who has been evaluated for the first
16 time, a meeting to share the results of the evaluation, to determine
17 eligibility and, for children who are eligible, to develop the initial
18 individualized family service plan shall be conducted within 45
19 calendar days of receipt of the written referral. Evaluation results
20 and determination of eligibility may be shared in a meeting with
21 the family prior to the individualized family service plan. Written
22 parent consent to evaluate and assess shall be obtained within the
23 45-day timeline. A regional center, local educational agency, or
24 the designee of one of those entities shall initiate and conduct this
25 meeting. Families shall be afforded the opportunity to participate
26 in all decisions regarding eligibility and services. During intake
27 and assessment, but no later than the IFSP meeting, the parents,
28 legal guardian, or conservator shall provide copies of any health
29 benefit cards under which the consumer is eligible to receive health
30 benefits, including, but not limited to, private health insurance, a
31 health care service plan, Medi-Cal, Medicare, and TRICARE. If
32 the individual, or, where appropriate, the parents, legal guardians,
33 or conservators, have no such benefits, the regional center shall
34 not use that fact to negatively impact the services that the individual
35 may or may not receive from the regional center.

36 (c) Parents shall be fully informed of their rights, including the
37 right to invite another person, including a family member or an
38 advocate or peer parent, or any or all of them, to accompany them
39 to any or all individualized family service plan meetings. With

1 parental consent, a referral shall be made to the local family
2 resource center or network.

3 (d) The individualized family service plan shall be in writing
4 and shall address all of the following:

5 (1) A statement of the infant's or toddler's present levels of
6 physical development including vision, hearing, and health status,
7 cognitive development, communication development, social and
8 emotional development, and adaptive developments.

9 (2) With the concurrence of the family, a statement of the
10 family's concerns, priorities, and resources related to meeting the
11 special developmental needs of the eligible infant or toddler.

12 (3) A statement of the major outcomes expected to be achieved
13 for the infant or toddler and family where services for the family
14 are related to meeting the special developmental needs of the
15 eligible infant or toddler.

16 (4) The criteria, procedures, and timelines used to determine
17 the degree to which progress toward achieving the outcomes is
18 being made and whether modifications or revisions are necessary.

19 (5) (A) A statement of the specific early intervention services
20 necessary to meet the unique needs of the infant or toddler as
21 identified in paragraph (3), including, but not limited to, the
22 frequency, intensity, location, duration, and method of delivering
23 the services, and ways of providing services in natural generic
24 environments, including group training for parents on behavioral
25 intervention techniques in lieu of some or all of the in-home parent
26 training component of the behavior intervention services, and
27 purchase of neighborhood preschool services and needed qualified
28 personnel in lieu of infant development programs.

29 (B) Effective July 1, 2009, at the time of development, review,
30 or modification of an infant's or toddler's individualized family
31 service plan, the regional center shall consider both of the
32 following:

33 (i) The use of group training for parents on behavior intervention
34 techniques, in lieu of some or all of the in-home parent training
35 component of the behavior intervention services.

36 (ii) The purchase of neighborhood preschool services and needed
37 qualified personnel, in lieu of infant development programs.

38 (6) A statement of the agency responsible for providing the
39 identified services.

1 (7) The name of the service coordinator who shall be responsible
2 for facilitating implementation of the plan and coordinating with
3 other agencies and persons.

4 (8) The steps to be taken to ensure transition of the infant or
5 toddler upon reaching three years of age to other appropriate
6 services. These may include, as appropriate, special education or
7 other services offered in natural environments.

8 (9) The projected dates for the initiation of services in paragraph
9 (5) and the anticipated duration of those services.

10 (e) Each service identified on the individualized family service
11 plan shall be designated as one of three types:

12 (1) An early intervention service, as defined in subsection (4)
13 of Section 1432 of Title 20 of the United States Code, and
14 applicable regulations, that is provided or purchased through the
15 regional center, local educational agency, or other participating
16 agency. The State Department of Health Care ~~Services~~, *Services*
17 ~~and the State Department of Social Services, and State Department~~
18 ~~of Alcohol and Drug Programs Services~~ shall provide services in
19 accordance with state and federal law and applicable regulations,
20 and up to the level of funding as appropriated by the Legislature.
21 Early intervention services identified on an individualized family
22 service plan that exceed the funding, statutory, and regulatory
23 requirements of these departments shall be provided or purchased
24 by regional centers or local educational agencies under subdivisions
25 (b) and (c) of Section 95014. The State Department of Health Care
26 ~~Services, Services and the State Department of Social Services,~~
27 ~~and State Department of Alcohol and Drug Programs Services~~
28 shall not be required to provide early intervention services over
29 their existing funding, statutory, and regulatory requirements.

30 (2) Another service, other than those specified in paragraph (1),
31 which the eligible infant or toddler or his or her family may receive
32 from other state programs, subject to the eligibility standards of
33 those programs.

34 (3) A referral to a nonrequired service that may be provided to
35 an eligible infant or toddler or his or her family. Nonrequired
36 services are those services that are not defined as early intervention
37 services or do not relate to meeting the special developmental
38 needs of an eligible infant or toddler related to the disability, but
39 that may be helpful to the family. The granting or denial of
40 nonrequired services by a public or private agency is not subject

1 to appeal under this title. Notwithstanding any other provision of
2 law or regulation to the contrary, effective July 1, 2009, with the
3 exception of durable medical equipment, regional centers shall not
4 purchase nonrequired services, but may refer a family to a
5 nonrequired service that may be available to an eligible infant or
6 toddler or his or her family.

7 (f) An annual review, and other periodic reviews, of the
8 individualized family service plan for an infant or toddler and the
9 infant's or toddler's family shall be conducted to determine the
10 degree of progress that is being made in achieving the outcomes
11 specified in the plan and whether modification or revision of the
12 outcomes or services is necessary. The frequency, participants,
13 purpose, and required processes for annual and periodic reviews
14 shall be consistent with the statutes and regulations under Part C
15 of the federal Individuals with Disabilities Education Act (20
16 U.S.C. Sec. 1431 et seq.) and this title, and shall be specified in
17 regulations adopted pursuant to Section 95028. At the time of the
18 review, the parents, legal guardian, or conservator shall provide
19 copies of any health benefit cards under which the consumer is
20 eligible to receive health benefits, including, but not limited to,
21 private health insurance, a health care service plan, Medi-Cal,
22 Medicare, and TRICARE. If the parents, legal guardian, or
23 conservator have no such benefit cards, the regional center shall
24 not use that fact to negatively impact the services that the individual
25 may or may not receive from the regional center.

26 *SEC. 13. Section 1179.3 of the Health and Safety Code is*
27 *amended to read:*

28 1179.3. (a) (1) The Office of Statewide Health Planning and
29 Development shall develop and administer a competitive grants
30 program for projects located in rural areas of California.

31 (2) The office shall define "rural area" for the purposes of this
32 section after receiving public input and upon recommendation of
33 the Interdepartmental Rural Health Coordinating Committee and
34 the Rural Health Programs Liaison.

35 (3) The purpose of the grants program shall be to fund
36 innovative, collaborative, cost-effective, and efficient projects that
37 pertain to the delivery of health and medical services in rural areas
38 of the state.

39 (4) The office shall develop and establish uses for the funds to
40 fund special projects that alleviate problems of access to quality

1 health care in rural areas and to compensate public and private
2 health care providers associated with direct delivery of patient
3 care. The funds shall be used for medical and hospital care and
4 treatment of patients who cannot afford to pay for services and for
5 whom payment will not be made through private or public
6 programs.

7 (5) The office shall administer the funds appropriated by the
8 Legislature for purposes of this section. Entities eligible for these
9 funds shall include rural health providers served by the programs
10 operated by the office, the ~~State Department of Alcohol and Drug~~
11 ~~Programs~~, the Emergency Medical Services Authority, the State
12 Department of Health Care Services, the State Department of
13 Public Health, and the Managed Risk Medical Insurance Board.
14 The grant funds shall be used to expand existing services or
15 establish new services and shall not be used to supplant existing
16 levels of service. Funds appropriated by the Legislature for this
17 purpose may be expended in the fiscal year of the appropriation
18 or the subsequent fiscal year.

19 (b) The Office of Statewide Health Planning and Development
20 shall establish the criteria and standards for eligibility to be used
21 in requests for proposals or requests for application, the application
22 review process, determining the maximum amount and number of
23 grants to be awarded, preference and priority of projects,
24 compliance monitoring, and the measurement of outcomes achieved
25 after receiving comment from the public at a meeting held pursuant
26 to the Bagley-Keene Open Meeting Act (Article 9 (commencing
27 with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title
28 2 of the Government Code).

29 (c) The Office of Statewide Health Planning and Development
30 shall make information regarding the status of the funded projects
31 available at the public meetings described in subdivision (b).

32 *SEC. 14. Section 1275.2 of the Health and Safety Code is*
33 *amended to read:*

34 1275.2. (a) Notwithstanding any rules or regulations governing
35 other health facilities, the regulations adopted by the state
36 department for chemical dependency recovery hospitals shall
37 prevail. The regulations applying to chemical dependency recovery
38 hospitals shall prescribe standards of adequacy, safety, and
39 sanitation of the physical plant, of staffing with duly qualified

1 personnel, and of services based on the needs of the persons served
2 thereby.

3 (b) The regulations shall include provisions for an “open
4 planning” architectural concept.

5 (c) Notwithstanding the provisions of Chapter 1 (commencing
6 with Section 15000) of Division 12.5, the regulations shall exempt
7 from seismic requirements all freestanding structures of a chemical
8 dependency recovery hospital. Chemical dependency recovery
9 services provided as a supplemental service in general acute care
10 beds or general acute psychiatric beds shall not be exempt from
11 seismic requirements.

12 (d) Regulations shall be developed pursuant to this section and
13 presented for adoption at a public hearing within 180 days of the
14 effective date of this section.

15 (e) In order to assist in the rapid development of regulations
16 for chemical dependency recovery hospitals, the director of the
17 state department, not later than 30 days after the effective date of
18 this section, shall convene an advisory committee composed of
19 two representatives of the State Department of ~~Alcohol and Drug~~
20 ~~Programs~~, two representatives of the State Department of Health
21 Care Services, one representative of the Office of Statewide Health
22 Planning and Development, two persons with experience operating
23 facilities with alcohol or medicinal drug dependency programs,
24 and any other persons having a professional or personal
25 nonfinancial interest in development of such regulations. The
26 members of such advisory committee who are not state officers
27 or employees shall pay their own expenses related to participation
28 on the committee. The committee shall meet at the call of the
29 director until such time as the proposed regulations are presented
30 for adoption at public hearing.

31 *SEC. 15. Section 1522.08 of the Health and Safety Code, as*
32 *amended by Section 19 of Chapter 34 of the Statutes of 2012, is*
33 *amended to read:*

34 1522.08. (a) In order to protect the health and safety of persons
35 receiving care or services from individuals or facilities licensed
36 or certified by the state, the California Department of Aging, State
37 Department of Public Health, State Department of ~~Alcohol and~~
38 ~~Drug Programs~~, State Department of Health Care Services, State
39 Department of Social Services, and the Emergency Medical
40 Services Authority may share information with respect to

1 applicants, licensees, certificates, or individuals who have been
2 the subject of any administrative action resulting in the denial,
3 suspension, probation, or revocation of a license, permit, or
4 certificate, or in the exclusion of any person from a facility who
5 is subject to a background check, as otherwise provided by law.

6 (b) The State Department of Social Services shall maintain a
7 centralized system for the monitoring and tracking of final
8 administrative actions, to be used by the California Department
9 of Aging, State Department of Public Health, State Department of
10 ~~Alcohol and Drug Programs, State Department of Health Care~~
11 ~~Services, State Department of Social Services, and the Emergency~~
12 ~~Medical Services Authority~~ as a part of the background check
13 process. The State Department of Social Services may charge a
14 fee to departments under the jurisdiction of the California Health
15 and Human Services Agency sufficient to cover the cost of
16 providing those departments with the final administrative action
17 specified in subdivision (a). To the extent that additional funds are
18 needed for this purpose, implementation of this subdivision shall
19 be contingent upon a specific appropriation provided for this
20 purpose in the annual Budget Act.

21 (c) The State Department of Social Services, in consultation
22 with the other departments under the jurisdiction of the California
23 Health and Human Services Agency, may adopt regulations to
24 implement this section.

25 (d) For the purposes of this section and Section 1499,
26 “administrative action” means any proceeding initiated by the
27 California Department of Aging, State Department of Public
28 Health, State Department of ~~Alcohol and Drug Programs, State~~
29 ~~Department of Health Care Services, State Department of Social~~
30 ~~Services, and the Emergency Medical Services Authority~~ to
31 determine the rights and duties of an applicant, licensee, or other
32 individual or entity over which the department has jurisdiction.
33 “Administrative action” may include, but is not limited to, action
34 involving the denial of an application for, or the suspension or
35 revocation of, any license, special permit, administrator certificate,
36 criminal record clearance, or exemption.

37 *SEC. 16. Section 1535 of the Health and Safety Code is*
38 *amended to read:*

39 1535. (a) On or before January 1, 1986, the state department
40 shall publish a comprehensive consumer guideline brochure to

1 assist persons in the evaluation and selection of a licensed
2 community care facility. The department shall develop the brochure
3 for publication with the advice and assistance of the Advisory
4 Committee on Community Care Facilities, the State Department
5 of Aging, ~~the State Department of Mental Health,~~ and the State
6 Department of ~~Alcohol and Drug Programs.~~ *Health Care Services.*

7 (b) The consumer guideline brochure shall include, but not be
8 limited to, guidelines highlighting resident health and safety issues
9 to be considered in the selection of a community care facility,
10 locations of the licensing offices of the State Department of Social
11 Services where facility records may be reviewed, types of local
12 organizations which may have additional information on specific
13 facilities, and a list of recommended inquiries to be made in the
14 selection of a community care facility.

15 (c) Upon publication, the consumer guideline brochures shall
16 be distributed to statewide community care facility resident
17 advocacy groups, statewide consumer advocacy groups, state and
18 local ombudsmen, and all licensed community care facilities. The
19 brochure shall be made available on request to all other interested
20 persons.

21 *SEC. 17. Section 11217 of the Health and Safety Code is*
22 *amended to read:*

23 11217. ~~No~~ *Except as provided in Section 11223, no person*
24 *shall treat an addict for addiction to a narcotic drug except in one*
25 *of the following:*

26 (a) An institution approved by the State Department of ~~Social~~
27 ~~Services and the State Department of~~ *Health Care Services*, and
28 where the patient is at all times kept under restraint and control.

29 (b) A city or county jail.

30 (c) A state prison.

31 (d) A facility designated by a county and approved by the State
32 Department of ~~Social~~ *Health Care Services* pursuant to Division
33 5 (commencing with Section 5000) of the Welfare and Institutions
34 Code.

35 (e) A state hospital.

36 (f) A county hospital.

37 (g) A facility licensed by the State Department of ~~Alcohol and~~
38 ~~Drug Programs~~ *Health Care Services* pursuant to Division 10.5
39 (commencing with Section 11750).

1 (h) A facility as defined in subdivision (a) or (b) of Section 1250
2 and Section 1250.3.

3 A narcotic controlled substance in the continuing treatment of
4 addiction to a controlled substance shall be used only in those
5 programs licensed by the State Department of ~~Alcohol and Drug~~
6 ~~Programs~~ *Health Care Services* pursuant to Article ~~3~~ 1
7 (commencing with Section ~~11875~~ 11839) of Chapter ~~10~~ 10 of Part
8 3 2 of Division 10.5 on either an inpatient or outpatient basis, or
9 both.

10 This section does not apply during emergency treatment, or
11 where the patient's addiction is complicated by the presence of
12 incurable disease, serious accident, or injury, or the infirmities of
13 old age.

14 Neither this section nor any other provision of this division shall
15 be construed to prohibit the maintenance of a place in which
16 persons seeking to recover from addiction to a controlled substance
17 reside and endeavor to aid one another and receive aid from others
18 in recovering from that addiction, nor does this section or this
19 division prohibit that aid, provided that no person is treated for
20 addiction in a place by means of administering, furnishing, or
21 prescribing of controlled substances. The preceding sentence is
22 declaratory of preexisting law.

23 Neither this section or any other provision of this division shall
24 be construed to prohibit short-term narcotic detoxification treatment
25 in a controlled setting approved by the director and pursuant to
26 rules and regulations of the director. Facilities and treatment
27 approved by the director under this paragraph shall not be subject
28 to approval or inspection by the Medical Board of California, nor
29 shall persons in those facilities be required to register with, or
30 report the termination of residence with, the police department or
31 sheriff's office.

32 *SEC. 18. The heading of Division 10.5 (commencing with*
33 *Section 11750) of the Health and Safety Code is amended to read:*
34

35 DIVISION 10.5. ~~STATE DEPARTMENT OF ALCOHOL~~
36 ~~AND DRUG PROGRAMS~~
37

38 *SEC. 19. Section 11750 of the Health and Safety Code is*
39 *repealed.*

1 ~~11750. There is in state government in the California Health~~
2 ~~and Human Services Agency a State Department of Alcohol and~~
3 ~~Drug Programs.~~

4 *SEC. 20. Section 11750 is added to the Health and Safety Code,*
5 *to read:*

6 *11750. (a) It is the intent of the Legislature that the*
7 *administrative and programmatic functions of the State Department*
8 *of Alcohol and Drug Programs be transferred to the State*
9 *Department of Health Care Services and the State Department of*
10 *Public Health effective July 1, 2013. It is further the intent of the*
11 *Legislature that this transfer happen efficiently and effectively,*
12 *with no interruptions in service delivery. This transfer is designed*
13 *to:*

14 *(1) Consolidate within a single state department, the State*
15 *Department of Health Care Services, all substance use disorder*
16 *functions and programs from the State Department of Alcohol and*
17 *Drug Programs.*

18 *(2) Align with federal and county partners by consolidating*
19 *substance use disorder and community mental health functions*
20 *and programs within one department.*

21 *(3) Promote opportunities for the improvement of health care*
22 *delivery by integrating the state-level administration of substance*
23 *use disorders, community mental health, and physical health to*
24 *the benefit of communities and consumers with substance use*
25 *disorders and cooccurring disorders.*

26 *(4) Ensure appropriate state oversight by consolidating the two*
27 *key public funding sources, the Substance Abuse Prevention and*
28 *Treatment Block Grant and the Drug Medi-Cal Treatment*
29 *Program, for the substance use disorder system in one state*
30 *department.*

31 *(5) Provide effective state leadership on substance use disorder*
32 *issues by positioning the State Department of Health Care Services*
33 *to serve as a unified, strong voice to advocate, at both the state*
34 *and federal levels, on behalf of the needs of communities, county*
35 *partners, and consumers with substance use disorders.*

36 *(b) Effective July 1, 2013, the administrative and programmatic*
37 *functions that were previously performed by the State Department*
38 *of Alcohol and Drug Programs are transferred to the State*
39 *Department of Health Care Services and the State Department of*
40 *Public Health in accordance with the act that added this section.*

1 *Further, except as provided in Section 131055.2, any reference in*
2 *state statute or regulation to the State Department of Alcohol and*
3 *Drug Programs or the State Department of Alcohol and Drug*
4 *Abuse shall refer to the State Department of Health Care Services.*

5 *SEC. 21. Section 11750.1 is added to the Health and Safety*
6 *Code, to read:*

7 *11750.1. (a) It is the intent of the Legislature that the substance*
8 *use disorder services programs within the State Department of*
9 *Health Care Services continue to maintain the various advisory*
10 *groups established under the State Department of Alcohol and*
11 *Drug Programs, and establish and maintain additional venues,*
12 *as necessary, to provide system stakeholders the opportunity for*
13 *input into public policy issues related to substance use disorder*
14 *services. It is further the intent of the Legislature that the substance*
15 *use disorder services programs shall have input into policy*
16 *discussions at the State Department of Health Care Services and*
17 *at the California Health and Human Services Agency, and*
18 *whenever appropriate.*

19 *(b) It is the intent of the Legislature to ensure that the impacts*
20 *of the transition of programs from the State Department of Alcohol*
21 *and Drug Programs to the State Department of Health Care*
22 *Services are identified and evaluated, initially and over time. It is*
23 *further the intent of the Legislature to establish a baseline for*
24 *evaluating, on an ongoing basis, how and why alcohol and other*
25 *drug prevention and treatment service delivery was improved, or*
26 *otherwise changed, as a result of this transition.*

27 *(c) By April 1, 2014, and March 1 annually thereafter, the State*
28 *Department of Health Care Services shall report to the Joint*
29 *Legislative Budget Committee and the appropriate budget*
30 *subcommittees and policy committees of the Legislature on the*
31 *substance use disorder services programs, and publicly post a*
32 *report on its Internet Web site.*

33 *(1) The report shall contain all of the following:*

34 *(A) A description of how the transfer of programs from the State*
35 *Department of Alcohol and Drug Programs to the State*
36 *Department of Health Care Services results in costs or savings to*
37 *state and local government.*

38 *(B) A description of how the transfer of programs from the State*
39 *Department of Alcohol and Drug Programs to the State*

1 *Department of Health Care Services results in improved*
2 *government efficiency and maximizes resources.*

3 *(C) A description of how the transfer of programs from the State*
4 *Department of Alcohol and Drug Programs to the State*
5 *Department of Health Care Services results in improved*
6 *coordination and integration of physical health care services with*
7 *alcohol and other drug treatment services, both at the state and*
8 *local level.*

9 *(D) Using resources, including, but not limited to, the California*
10 *Outcome Measurement Systems, baseline measurements, beginning*
11 *in the years 2011–12, that can be used to measure year-over-year*
12 *changes in access to alcohol and other drug treatment services,*
13 *the effectiveness of alcohol and other drug treatment services, and*
14 *the effectiveness of alcohol and other drug prevention efforts. The*
15 *report's baseline measurements shall include, but not be limited*
16 *to, statewide and local data on all of the following:*

17 *(i) Access to services, including demographics of persons served*
18 *or seeking services.*

19 *(ii) Access to services for vulnerable and underserved*
20 *populations.*

21 *(iii) System capacity, including prevention infrastructure and*
22 *treatment services infrastructure.*

23 *(iv) System outcomes, including treatment completion rates.*

24 *(E) How the transfer of the State Department of Alcohol and*
25 *Drug Programs has contributed to the discussions related to the*
26 *delivery of health care services in California. The report shall also*
27 *describe how stakeholder involvement was changed, maintained,*
28 *or enhanced after the transition.*

29 *(2) By November 30, 2013, the State Department of Health Care*
30 *Services shall consult with legislative staff and with system*
31 *stakeholders, including county representatives, to develop a*
32 *reporting format consistent with the Legislature's desired level of*
33 *outcome and reporting detail.*

34 *(d) This section shall become inoperative on July 1, 2018, and,*
35 *as of January 1, 2019, is repealed, unless a later enacted statute,*
36 *that becomes operative on or before January 1, 2019, deletes or*
37 *extends the dates on which it becomes inoperative and is repealed.*

38 *SEC. 22. Section 11751 of the Health and Safety Code is*
39 *repealed.*

1 ~~11751. The State Department of Alcohol and Drug Programs~~
2 ~~is under the control of an executive officer known as the Director~~
3 ~~of Alcohol and Drug Programs, who shall be appointed by the~~
4 ~~Governor, subject to confirmation by the Senate, and hold office~~
5 ~~at the pleasure of the Governor. The director shall receive the~~
6 ~~annual salary provided by Article 1 (commencing with Section~~
7 ~~11550) of Chapter 6 of Part 1 of Division 3 of Title 2 of the~~
8 ~~Government Code.~~

9 *SEC. 23. Section 11751 is added to the Health and Safety Code,*
10 *to read:*

11 *11751. (a) Except as provided in Section 131055.2, the State*
12 *Department of Health Care Services shall succeed to and be vested*
13 *with all the duties, powers, purposes, functions, responsibilities,*
14 *and jurisdiction of the former State Department of Alcohol and*
15 *Drug Programs.*

16 *(b) Any reference in statute, regulation, or contract to the State*
17 *Department of Alcohol and Drug Programs or the State*
18 *Department of Alcohol and Drug Abuse shall refer to the State*
19 *Department of Health Care Services to the extent that they relate*
20 *to the transfer of duties, powers, purposes, functions,*
21 *responsibilities, and jurisdiction made pursuant to this section.*

22 *(c) No contract, lease, license, or any other agreement to which*
23 *the State Department of Alcohol and Drug Programs is a party*
24 *shall be made void or voidable by reason of the act that enacted*
25 *this section, but shall continue in full force and effect with the State*
26 *Department of Health Care Services assuming all of the rights,*
27 *obligations, and duties of the State Department of Alcohol and*
28 *Drug Programs with respect to the transfer of duties, powers,*
29 *purposes, functions, responsibilities, and jurisdiction made*
30 *pursuant to this section.*

31 *(d) All unexpended balances of appropriations and other funds*
32 *available for use by the State Department of Alcohol and Drug*
33 *Programs in connection with any function or the administration*
34 *of any law transferred to the State Department of Health Care*
35 *Services pursuant to the act that enacted this section shall be*
36 *available for use by the State Department of Health Care Services*
37 *for the purpose for which the appropriation was originally made*
38 *or the funds were originally available.*

39 *(e) All books, documents, forms, records, data systems, and*
40 *property of the State Department of Alcohol and Drug Programs*

1 *with respect to the transfer of duties, powers, purposes, functions,*
2 *responsibilities, and jurisdiction made pursuant to this section*
3 *shall be transferred to the State Department of Health Care*
4 *Services.*

5 *(f) Positions filled by appointment by the Governor in the State*
6 *Department of Alcohol and Drug Programs whose principal*
7 *assignment was to perform functions transferred pursuant to this*
8 *section shall be transferred to the State Department of Health Care*
9 *Services.*

10 *(g) All employees serving in state civil service, other than*
11 *temporary employees, who are engaged in the performance of*
12 *functions transferred pursuant to this section, are transferred to*
13 *the State Department of Health Care Services pursuant to the*
14 *provisions of Section 19050.9 of the Government Code. The status,*
15 *position, and rights of those persons shall not be affected by their*
16 *transfer and shall continue to be retained by them pursuant to the*
17 *State Civil Service Act (Part 2 (commencing with Section 18500)*
18 *of Division 5 of Title 2 of the Government Code), except as to*
19 *positions the duties of which are vested in a position exempt from*
20 *civil service. The personnel records of all employees transferred*
21 *pursuant to this section shall be transferred to the State Department*
22 *of Health Care Services.*

23 *(h) Any regulation or other action adopted, prescribed, taken,*
24 *or performed by an agency or officer in the administration of a*
25 *program or the performance of a duty, power, purpose, function,*
26 *or responsibility pursuant to this division or Division 10.6*
27 *(commencing with Section 11998) in effect prior to July 1, 2013,*
28 *shall remain in effect unless or until amended, and shall be deemed*
29 *to be a regulation or action of the agency to which or officer to*
30 *whom the program, duty, power, purpose, function, responsibility,*
31 *or jurisdiction is assigned pursuant to this section.*

32 *(i) No suit, action, or other proceeding lawfully commenced by*
33 *or against any agency or other officer of the state, in relation to*
34 *the administration of any program or the discharge of any duty,*
35 *power, purpose, function, or responsibility transferred pursuant*
36 *to this section, shall abate by reason of the transfer of the program,*
37 *duty, power, purpose, function, or responsibility under that section.*

38 *SEC. 24. Section 11751.1 of the Health and Safety Code is*
39 *repealed.*

1 ~~11751.1. The Director of Alcohol and Drug Programs shall~~
2 ~~have the powers of a head of a department pursuant to Chapter 2~~
3 ~~(commencing with Section 11150) of Part 1 of Division 3 of Title~~
4 ~~2 of the Government Code.~~

5 *SEC. 25. Section 11751.2 of the Health and Safety Code is*
6 *repealed.*

7 ~~11751.2. There is in the State Department of Alcohol and Drug~~
8 ~~Programs any divisions as established by the department to the~~
9 ~~extent authorized by existing law.~~

10 *SEC. 26. Section 11751.9 of the Health and Safety Code is*
11 *repealed.*

12 ~~11751.9. All officers or employees of the State Department of~~
13 ~~Alcohol and Drug Programs shall be appointed by the Director of~~
14 ~~Alcohol and Drug Programs.~~

15 *SEC. 27. Section 11752 of the Health and Safety Code is*
16 *amended to read:*

17 11752. As used in this division, “department” means the State
18 Department of ~~Alcohol and Drug Programs~~ *Health Care Services*
19 and “director” means the Director of ~~the State Department of~~
20 ~~Alcohol and Drug Programs.~~ *Health Care Services.*

21 *SEC. 28. Section 11752.1 of the Health and Safety Code is*
22 *amended to read:*

23 11752.1. (a) “County board of supervisors” includes county
24 boards of supervisors in the case of counties acting jointly.

25 (b) “Agency” means the California Health and Human Services
26 Agency.

27 (c) “Secretary” means the Secretary of California Health and
28 Human Services.

29 ~~(d) “County plan for alcohol and other drug services” or “county~~
30 ~~plan” means the county plan, including a budget, adopted by the~~
31 ~~board of supervisors pursuant to Chapter 4 (commencing with~~
32 ~~Section 11795) of Part 2.~~

33 (e)

34 (d) “Advisory board” means the county advisory board on
35 alcohol and other drug problems established at the sole discretion
36 of the county board of supervisors pursuant to Section 11805. If
37 a county does not establish an advisory board, any provision of
38 this chapter relative to the activities, duties, and functions of the
39 advisory board shall be inapplicable to that county.

40 (f)

1 (e) “Alcohol and drug program administrator” means the county
2 program administrator designated pursuant to Section 11800.

3 ~~(g)~~

4 (f) “State alcohol and other drug program” includes all state
5 alcohol and other drug projects administered by the department
6 and all county alcohol and other drug programs funded under this
7 division.

8 ~~(h)~~

9 (g) “Health systems agency” means the health planning agency
10 established pursuant to Public Law 93-641.

11 ~~(i)~~

12 (h) “Alcohol and other drug problems” means problems of
13 individuals, families, and the community that are related to the
14 abuse of alcohol and other drugs.

15 ~~(j)~~

16 (i) “Alcohol abuser” means anyone who has a problem related
17 to the consumption of alcoholic beverages whether or not it is of
18 a periodic or continuing nature. This definition includes, but is not
19 limited to, persons referred to as “alcoholics” and “drinking
20 drivers.” These problems may be evidenced by substantial
21 impairment to the person’s physical, mental, or social well-being,
22 which impairment adversely affects his or her abilities to function
23 in the community.

24 ~~(k)~~

25 (j) “Drug abuser” means anyone who has a problem related to
26 the consumption of illicit, illegal, legal, or prescription drugs or
27 over-the-counter medications in a manner other than prescribed,
28 whether or not it is of a periodic or continuing nature. This
29 definition includes, but is not limited to, persons referred to as
30 “drug addicts.” The drug-consumption-related problems of these
31 persons may be evidenced by substantial impairment to the
32 person’s physical, mental, or social well-being, which impairment
33 adversely affects his or her abilities to function in the community.

34 ~~(l)~~

35 (k) “Alcohol and other drug service” means a service that is
36 designed to encourage recovery from the abuse of alcohol and
37 other drugs and to alleviate or preclude problems in the individual,
38 his or her family, and the community.

39 ~~(m)~~

1 (l) “Alcohol and other drug abuse program” means a collection
2 of alcohol and other drug services that are coordinated to achieve
3 the specified objectives of this part.

4 ~~(n)~~

5 (m) “Driving-under-the-influence program,” “DUI program,”
6 or “licensed program” means an alcohol and other drug service
7 that has been issued a valid license by the department to provide
8 services pursuant to Chapter 9 (commencing with Section 11836)
9 of Part 2.

10 ~~(o)~~

11 (n) “Clients-participants” means recipients of alcohol and other
12 drug prevention, treatment, and recovery program services.

13 ~~(p)~~

14 (o) “Substance Abuse and Mental Health Services
15 Administration” means that agency of the United States Department
16 of Health and Human Services.

17 SEC. 29. Section 11755.2 of the Health and Safety Code is
18 amended to read:

19 11755.2. (a) The department may implement a program for
20 the establishment of group homes for alcohol and other drug
21 abusers as provided for in Section 300x-4a of Title 42 of the United
22 States Code.

23 (b) The department may establish the Resident-Run Housing
24 Revolving Fund for the purpose of making loans to group
25 resident-run homes in conformance with federal statutes and
26 regulations. Any program for the purpose of making loans to group
27 resident-run homes shall be a part of the Resident-Run Housing
28 Revolving Fund. Any unexpended balances in a current program
29 shall be transferred to the Resident-Run Housing Revolving Fund
30 and be available for expenditure during the following fiscal year.
31 Appropriations for subsequent fiscal years shall be provided in the
32 annual Budget Act. All loan payments received from previous
33 loans shall be deposited in the Resident-Run Housing Revolving
34 Fund, as well as all future collections. The Resident-Run Housing
35 Revolving Fund shall be invested in the Pooled Money Investment
36 Fund. Interest earned shall accrue to the Resident-Run Housing
37 Revolving Fund and may be made available for future group
38 resident-run home loans.

39 (c) The department may adopt regulations as are necessary to
40 implement this section.

1 (d) *This section shall become inoperative on July 1, 2013.*

2 *SEC. 30. Section 11756.8 of the Health and Safety Code is*
3 *amended to read:*

4 11756.8. (a) It is the intent of the Legislature to ensure that
5 the impacts of the 2011 realignment of alcohol and drug program
6 services are identified and evaluated initially and over time. It is
7 further the intent of the Legislature to ensure that information
8 regarding these impacts is publicly available and accessible and
9 can be utilized to support the state's and counties' effectiveness
10 in delivering these critical services and supports.

11 (b) (1) ~~The State Department of Alcohol and Drug Programs~~
12 ~~and the State Department of Health Care Services, which~~
13 ~~administers the Drug Medi-Cal Program;~~ *Services* shall annually
14 report to the appropriate fiscal and policy committees of the
15 Legislature, and publicly post, a summary of outcome and
16 expenditure data that allows for monitoring of changes over time
17 and indicates the degree to which programs are meeting state- and
18 county-defined outcome measures.

19 (2) This report shall be submitted and posted each year by April
20 15 and shall contain expenditures for each county for the programs
21 described in clauses (i) to (iv), inclusive, of subparagraph (B) of
22 paragraph (16) of subdivision (f) of Section 30025 of the
23 Government Code.

24 (3) The department shall consult with legislative staff and with
25 stakeholders to develop a reporting format consistent with the
26 Legislature's desired level of outcome and expenditure reporting
27 detail.

28 *SEC. 31. Section 11757.53 of the Health and Safety Code is*
29 *amended to read:*

30 11757.53. (a) The Office of Perinatal Substance Abuse is
31 hereby established within the State Department of ~~Alcohol and~~
32 ~~Drug Programs.~~ *Health Care Services.* For purposes of this chapter,
33 "office" means the Office of Perinatal Substance Abuse.

34 (b) The office may do any of the following:

35 (1) Coordinate pilot projects and planning projects funded by
36 the state which are related to perinatal substance abuse.

37 (2) Provide technical assistance to counties, public entities, and
38 private entities that are attempting to address the problem of
39 perinatal substance abuse.

1 (3) Serve as a clearinghouse of information regarding strategies
2 and programs which address perinatal substance abuse.

3 (4) Encourage innovative responses by public and private
4 entities that are attempting to address the problem of perinatal
5 substance abuse.

6 (5) Review proposals of, and develop proposals for, state
7 agencies regarding the funding of programs relating to perinatal
8 substance abuse.

9 (c) The office shall adopt, amend, or repeal any reasonable
10 rules, regulations, or standards as may be necessary or proper to
11 carry out the purposes and intent of this chapter and to enable the
12 office and the department to exercise the powers and perform the
13 duties conferred upon it by this chapter.

14 *SEC. 32. Section 11757.65 of the Health and Safety Code is*
15 *amended to read:*

16 11757.65. (a) The Legislature hereby finds and declares both
17 of the following:

18 (1) The state has an interest in the women and children's
19 residential treatment services (WCRTS) program.

20 (2) In 2012, there are eight local WCRTS programs established
21 through grants from the federal Center for Substance Abuse
22 Treatment, Residential Women and Children, and Pregnant and
23 Postpartum Women Demonstration Program. WCRTS programs
24 pursue the following four primary goals:

25 (A) Demonstrate that alcohol and other drug abuse treatment
26 services delivered in a residential setting and coupled with primary
27 health, mental health, and social services for women and children,
28 can improve overall treatment outcomes for women, children, and
29 the family unit as a whole.

30 (B) Demonstrate the effectiveness of six-month or 12-month
31 stays in a comprehensive residential treatment program.

32 (C) Develop models of effective comprehensive service delivery
33 for women and their children that can be replicated in similar
34 communities.

35 (D) Provide services to promote safe and healthy pregnancies
36 and perinatal outcomes.

37 (b) It is the intent of the Legislature for the following outcomes
38 to be achieved through the WCRTS program:

39 (1) Preserving family unity.

40 (2) Promoting healthy pregnancies.

1 (3) Enabling children to thrive.

2 (4) Freeing women and their families from substance abuse.

3 (c) It is also the intent of the Legislature for the State Department
4 of ~~Alcohol and Drug Programs~~ *Health Care Services* to work
5 collaboratively with counties and the eight WCRTS programs
6 receiving funds from the Women's and Children's Residential
7 Treatment Services Special Account under the 2011 realignment
8 to develop reporting requirements. It is the intent of the Legislature
9 that, to the extent that WCRTS programs report to the counties,
10 the counties annually report data on the outcomes achieved by the
11 WCRTS program to the department and for the department to
12 annually report to the appropriate budget committees of the
13 Legislature on the fiscal and programmatic status of the WCRTS
14 program.

15 (d) Any county may establish a WCRTS program designed to
16 meet the goals and produce the same outcomes as described in this
17 section.

18 *SEC. 33. Section 11758.03 of the Health and Safety Code is*
19 *amended to read:*

20 11758.03. "Department" means the State Department of
21 ~~Alcohol and Drug Programs~~ *Health Care Services*.

22 *SEC. 34. Section 11758.06 of the Health and Safety Code is*
23 *amended to read:*

24 11758.06. (a) On or before July 1, 2004, and on or before
25 January 1, 2009, as specified in subdivision (c), the department
26 shall place on its Internet Web site information on drug overdose
27 trends in California, including county and state death rates, from
28 existing data, in order to ascertain changes in the causes or rates
29 of fatal and nonfatal drug overdoses for the preceding five years.

30 (b) The information required by subdivision (a) shall ~~include~~,
31 *include*, to the extent available, data on all of the following:

32 (1) Trends in drug overdose death rates by county or city, or
33 both.

34 (2) Suggested improvements in data collection.

35 (3) A description of interventions that may be effective in
36 reducing the rate of fatal or nonfatal drug overdoses.

37 (c) The information required by subdivision (a) to be placed on
38 the department's Internet Web site shall remain on the Internet
39 Web site for a period of not less than six months. The department
40 shall update the information required pursuant to subdivision (a)

1 and shall place the updated information on the Internet Web site
2 on or before January 1, 2009, for a period of not less than six
3 months.

4 *(d) This section shall become inoperative on July 1, 2013.*

5 *SEC. 35. Section 11759.5 is added to the Health and Safety*
6 *Code, to read:*

7 *11759.5. This chapter shall become inoperative on July 1,*
8 *2013.*

9 *SEC. 36. Section 11773 of the Health and Safety Code is*
10 *amended to read:*

11 11773. (a) Subject to Section 11773.1, the department shall
12 develop and implement a statewide prevention campaign designed
13 to deter the abuse of methamphetamine in California.

14 (b) (1) The department may design the campaign to deter initial
15 and continued use of methamphetamine.

16 (2) The department may also design the campaign to target
17 communities or populations that use methamphetamine at a greater
18 rate than the general population, communities or populations in
19 which the transmission and contraction of HIV and AIDS, hepatitis
20 C, and other diseases is significantly related to methamphetamine
21 use, communities or populations in which the use of
22 methamphetamine is likely to have a negative effect on children,
23 communities or populations at risk due to the environmental
24 damage caused by the methamphetamine production, and any other
25 community or population that is at a high risk of methamphetamine
26 use or addiction.

27 (3) In determining the intended audience of the campaign, the
28 department shall give priority to communities or populations in
29 which the use of methamphetamine is most likely to be deterred
30 by the campaign. In determining which communities or populations
31 to include in the audience of the campaign, the department shall
32 rely on evidence from published reports, the experience of other
33 drug abuse prevention programs, and other relevant sources.

34 (c) (1) The department shall, in the implementation of the
35 program, use a variety of media to convey its messages to its
36 intended audiences. This media may include, but need not be
37 limited to, television, radio, billboards, print media, and the
38 Internet.

39 (2) The department may use a variety of marketing and
40 community outreach programs to convey its message, including,

1 but not limited to, programs at schools, fairs, conventions, and
2 other venues.

3 (3) The department shall conduct and base the development of
4 its messages on market research, including, but not limited to,
5 opinion polling and focus groups, to determine which messages
6 would be most effective in deterring methamphetamine use within
7 particular communities or populations.

8 (d) The department may incorporate information regarding drug
9 addiction treatment programs into messages meant for individuals
10 who are addicted to methamphetamine.

11 (e) In implementing the campaign, the department shall work
12 with public and private organizations to extend its message to a
13 wide range of venues and media outlets.

14 (f) The department may contract with private or public
15 organizations for the development and implementation of the
16 campaign.

17 (g) The department shall conduct research to measure the effect
18 of the prevention campaign and shall annually report its findings
19 to the chairpersons of the appropriate Senate and Assembly Health
20 committees.

21 (h) *This section shall become inoperative on July 1, 2013.*

22 *SEC. 37. Section 11773.1 of the Health and Safety Code is*
23 *amended to read:*

24 11773.1. (a) The department may accept voluntary
25 contributions, in cash or in-kind, to pay for the costs of
26 implementing the program under this article. Voluntary
27 contributions shall be deposited into the California
28 Methamphetamine Abuse Prevention Account, which is hereby
29 created in the State Treasury. Only private moneys, donated for
30 the purposes of this article, may be deposited into the account.
31 Moneys in the account are hereby appropriated to the department
32 for the purposes of this article for the 2006–07 fiscal year. The
33 Legislature may appropriate moneys in the account for subsequent
34 fiscal years in the annual Budget Act or any other act.

35 (b) Notwithstanding subdivision (a), during the 2006–07 fiscal
36 year, the department shall develop and implement the campaign
37 established under this article only upon a determination by the
38 Director of Finance that sufficient private donations have been
39 collected and deposited into the California Methamphetamine
40 Abuse Prevention Account. If sufficient funds are collected and

1 deposited, the Director of Finance shall file a written notice thereof
2 with the Secretary of State.

3 (c) Except as provided in subdivision (b) of Section 11773.2,
4 for purposes of this article, “sufficient private donations” means
5 funds in the amount of at least twelve million dollars
6 (\$12,000,000).

7 (d) *This section shall become inoperative on July 1, 2013.*

8 SEC. 38. *Section 11773.2 of the Health and Safety Code is*
9 *amended to read:*

10 11773.2. (a) Notwithstanding Section 11773.1, during the
11 2006–07 fiscal year, the department may develop and implement
12 a limited campaign to deter the abuse of methamphetamine by
13 limiting the intended audience of the campaign in accordance with
14 paragraphs (2) and (3) of subdivision (b) of Section 11773, only
15 upon a determination by the Director of Finance that sufficient
16 private donations have been collected and deposited into the
17 California Methamphetamine Abuse Prevention Account. If
18 sufficient funds are collected and deposited in the account, the
19 Director of Finance shall file a written notice thereof with the
20 Secretary of State.

21 (b) For purposes of this section, “sufficient private donations”
22 means funds in the amount of at least five hundred thousand dollars
23 (\$500,000). Nothing in this section shall be construed to require
24 the department to implement a campaign where the cost of the
25 campaign would exceed the private donations available for the
26 campaign in the California Methamphetamine Abuse Prevention
27 Account.

28 (c) *This section shall become inoperative on July 1, 2013.*

29 SEC. 39. *Section 11773.3 of the Health and Safety Code is*
30 *amended to read:*

31 11773.3. (a) Any funds that are not expended or encumbered
32 for purposes of this article 730 days after being deposited into the
33 California Methamphetamine Abuse Prevention Account shall be
34 returned to the private donor.

35 (b) *This section shall become inoperative on July 1, 2013.*

36 SEC. 40. *Section 11776 of the Health and Safety Code is*
37 *amended to read:*

38 11776. The department shall confer and cooperate with other
39 state agencies whose responsibilities include alleviating the
40 problems related to inappropriate alcohol use and other drug use

1 in order to maximize the state's effectiveness and limited resources
2 in these efforts. These agencies shall include, but are not limited
3 to, the Departments of Alcoholic Beverage Control, Corrections
4 and Rehabilitation, Industrial Relations, Motor Vehicles, and
5 Rehabilitation, the State Departments of Developmental Services,
6 Education, ~~Health Care Services~~, Public Health, and Social
7 Services, the Employment Development Department, and the
8 Office of Traffic Safety.

9 *SEC. 41. Section 11798 of the Health and Safety Code is*
10 *amended to read:*

11 11798. (a) Counties that apply for funds to provide alcohol
12 and other drug abuse services shall prepare and submit a contract
13 for alcohol and other drug abuse services to the department. The
14 contract shall include a budget for all funds sources to be used to
15 provide alcohol and other drug abuse services. The funds identified
16 in the contract shall be used exclusively for county alcohol and
17 other drug abuse services to the extent that the activities meet the
18 requirements for receipt of the federal block grant funds for
19 prevention and treatment of substance abuse described in
20 Subchapter XVII of Chapter 6A of Title 42 of the United States
21 Code and shall be separately identified and accounted for. The
22 county shall report utilization of those funds in an annual cost
23 report pursuant to subdivision (b) of Section 11798.1.

24 (b) The contract shall include provisions to ensure both of the
25 following:

26 (1) The appropriate expenditures of funds necessary to meet the
27 requirements for receipt of federal block grant funds for prevention
28 and treatment of substance abuse described in Subchapter XVII
29 of Chapter 6A of Title 42 of the United States Code and other
30 applicable federal provisions for funds.

31 (2) The provision of information necessary for the department
32 to meet its oversight function, including, but not limited to, any
33 required auditing, reporting, and data collection.

34 (c) The contract shall specify the type, scope, and cost of the
35 services to be provided.

36 (d) The department, after consultation with county alcohol and
37 drug program administrators, shall develop standardized forms to
38 be used by the counties in the development and submission of the
39 contracts. The forms shall include terms and conditions relative
40 to county compliance with applicable laws.

1 ~~(e) Net negotiated amount contracts that are in effect at the time~~
2 ~~that the act that added this section is enacted shall be deemed~~
3 ~~contracts for alcohol and other drug abuse services for purposes~~
4 ~~of this section.~~

5 ~~(f)~~

6 (e) Performance requirements shall be included within the terms
7 of the contract and shall include, at a minimum, all of the
8 following:

9 (1) A provision for an adequate quality and quantity of service.

10 (2) A provision for access to services for at-risk populations.

11 (3) A provision requiring that all funds allocated by the state
12 for alcohol and other drug programs shall be used exclusively for
13 the purpose for which those funds are distributed.

14 (4) A provision requiring that performance be in compliance
15 with applicable state and federal laws, regulations, and standards.

16 (5) Estimated numbers and characteristics of clients-participants
17 by type of service.

18 ~~(g)~~

19 (f) The contract shall include a provision that allows the
20 department access to financial and service records of the county
21 and contractors of the county for the purpose of auditing the
22 requirements in the contract and establishing the data necessary
23 to meet federal auditing and reporting requirements.

24 ~~(h)~~

25 (g) The contract shall include a provision for resolution of
26 disputed audit findings.

27 ~~(i)~~

28 (h) Where two or more counties jointly establish substance use
29 programs or where a county contracts to provide services in another
30 county pursuant to Section 11796, information regarding the
31 arrangement shall be included in the contract for alcohol and other
32 drug abuse services.

33 ~~(j)~~

34 (i) The contract shall include a provision requiring the county
35 to ensure the security of client records as required by state and
36 federal law.

37 ~~(k)~~

38 (j) The contract shall be presented for public input, review, and
39 comment, and the final contract shall be posted on the county's
40 Internet Web site.

1 ~~(f)~~

2 (k) (1) Notwithstanding the rulemaking provisions of Chapter
3 3.5 (commencing with Section 11340) of Part 1 of Division 3 of
4 Title 2 of the Government Code, the department may implement,
5 interpret, or make specific this section by means of all-county
6 letters, plan letters, plan or provider bulletins, or similar instructions
7 from the department until regulations are adopted pursuant to that
8 chapter of the Government Code.

9 (2) The department shall adopt emergency regulations no later
10 than July 1, 2014. The department may subsequently readopt any
11 emergency regulation authorized by this section that is the same
12 as or is substantially equivalent to an emergency regulation
13 previously adopted pursuant to this section.

14 (3) The initial adoption of emergency regulations implementing
15 this section and the one readoption of emergency regulations
16 authorized by this subdivision shall be deemed an emergency and
17 necessary for the immediate preservation of the public peace,
18 health, safety, or general welfare. Initial emergency regulations
19 and the one readoption of emergency regulations authorized by
20 this section shall be exempt from review by the Office of
21 Administrative Law. The initial emergency regulations and the
22 one readoption of emergency regulations authorized by this section
23 shall be submitted to the Office of Administrative Law for filing
24 with the Secretary of State and each shall remain in effect for no
25 more than 180 days, by which time final regulations may be
26 adopted.

27 *SEC. 42. Section 11798.1 of the Health and Safety Code is*
28 *repealed.*

29 ~~11798.1. (a) Counties may each develop and operate their~~
30 ~~alcohol and other drug abuse programs that would otherwise be~~
31 ~~required under this division, as one coordinated program in each~~
32 ~~county. Counties may combine their alcohol and drug advisory~~
33 ~~boards, their alcohol and other drug plans, their alcohol and drug~~
34 ~~budgets, and the submission deadlines for alcohol and other drug~~
35 ~~budgets and cost reports pursuant to subdivision (b), and the~~
36 ~~administration of programs at both the county and provider levels.~~

37 ~~(b) A county may, by resolution of its board of supervisors,~~
38 ~~develop and operate alcohol and other drug abuse programs as one~~
39 ~~coordinated system. In establishing coordinated systems with~~

1 combined alcohol and other drug services counties shall do all of
2 the following:

3 (1) Report all of the following to the department:

4 (A) Utilization of all funds allocated by the department to the
5 county in a combined annual cost report pursuant to state and
6 federal requirements.

7 (B) All information necessary for the department to administer
8 this section, including, but not limited to, information needed to
9 meet federal reporting requirements. This information shall be
10 reported on a form developed by the department in consultation
11 with the County Alcohol and Drug Programs Administrators
12 Association of California.

13 (2) Combine drug and alcohol administrations in performance
14 of alcohol and other drug program administrative duties pursuant
15 to Section 11801.

16 (3) Require combined programs, for planning and reimbursement
17 purposes, to assess or categorize program participants at the time
18 of admission and discharge with regard to whether their primary
19 treatment needs are related to abuse of alcohol or of other drugs.

20 (4) Ensure that combined programs comply with statewide
21 program standards developed pursuant to regulations adopted by
22 the department in consultation with the alcohol and drug
23 administrators.

24 (e) A county operating a coordinated system under this section
25 shall assess or categorize a program participant at the time of
26 admission and discharge as having problems primarily with abuse
27 of either alcohol or of other drugs for purposes of federal
28 reimbursement as required by federal law and report information
29 to the department in a form consistent with existing data collection
30 systems.

31 (d) (1) Notwithstanding the rulemaking provisions of Chapter
32 3.5 (commencing with Section 11340) of Part 1 of Division 3 of
33 Title 2 of the Government Code, the department may implement,
34 interpret, or make specific the amendments to this section made
35 by the act that added this subdivision by means of all-county letters,
36 plan letters, plan or provider bulletins, or similar instructions from
37 the department until regulations are adopted pursuant to that
38 chapter of the Government Code.

39 (2) The department shall adopt emergency regulations no later
40 than July 1, 2014. The department may subsequently readopt any

1 emergency regulation authorized by this section that is the same
2 as or is substantially equivalent to an emergency regulation
3 previously adopted pursuant to this section.

4 ~~(3) The initial adoption of emergency regulations implementing~~
5 ~~this section and the one readoption of emergency regulations~~
6 ~~authorized by this subdivision shall be deemed an emergency and~~
7 ~~necessary for the immediate preservation of the public peace,~~
8 ~~health, safety, or general welfare. Initial emergency regulations~~
9 ~~and the one readoption of emergency regulations authorized by~~
10 ~~this section shall be exempt from review by the Office of~~
11 ~~Administrative Law. The initial emergency regulations and the~~
12 ~~one readoption of emergency regulations authorized by this section~~
13 ~~shall be submitted to the Office of Administrative Law for filing~~
14 ~~with the Secretary of State and each shall remain in effect for no~~
15 ~~more than 180 days, by which time final regulations may be~~
16 ~~adopted.~~

17 *SEC. 43. Section 11812.6 of the Health and Safety Code is*
18 *amended to read:*

19 11812.6. ~~(a)~~ In addition to any other services authorized under
20 this chapter, the department shall urge the county to develop within
21 existing resources specific policies and procedures to address the
22 unique treatment problems presented by persons who are both
23 mentally disordered and chemically dependent. Priority may be
24 given to developing policies and procedures that relate to the
25 diagnosis and treatment of homeless persons who are mentally
26 disordered and chemically dependent.

27 ~~(b) The director shall consult with the Director of Health Care~~
28 ~~Services in developing guidelines for county mental health and~~
29 ~~alcohol and drug treatment programs in order to comply with this~~
30 ~~section.~~

31 *SEC. 44. Section 11820.1 of the Health and Safety Code is*
32 *repealed.*

33 11820.1. The department shall work together with the Office
34 of Statewide Health Planning and Development and any other
35 statewide health planning agencies created pursuant to Public Law
36 93-641 in the preparation and implementation of the state health
37 plan required under that act. The department shall seek the advice
38 and comments of public and private agencies and individuals
39 concerned with alcohol and other drug problems prior to
40 submission by the department of any draft plans to the office.

1 *SEC. 45. Section 11836.16 of the Health and Safety Code is*
2 *amended to read:*

3 11836.16. The State Department of ~~Alcohol and Drug Programs~~
4 *Health Care Services* shall adopt regulations for satellite offices
5 of driving-under-the-influence programs. The regulations shall
6 include, but not be limited to, any limitations on where a satellite
7 office may be located and the minimum and maximum number of
8 clients to whom a satellite office may provide services. When
9 adopting regulations pursuant to this section, the department shall
10 also consider an appropriate licensing procedure for these offices.
11 For purposes of this section, a “satellite office” is an offsite location
12 of an existing licensed driving-under-the-influence program.

13 *SEC. 46. Section 11837 of the Health and Safety Code is*
14 *amended to read:*

15 11837. (a) Pursuant to the provisions of law relating to
16 suspension of a person’s privilege to operate a motor vehicle upon
17 conviction for driving while under the influence of any alcoholic
18 beverage or drug, or under the combined influence of any alcoholic
19 beverage and any drug, as set forth in paragraph (3) of subdivision
20 (a) of Section 13352 of the Vehicle Code, the Department of Motor
21 Vehicles shall restrict the driving privilege pursuant to Section
22 13352.5 of the Vehicle Code, if the person convicted of that offense
23 participates for at least 18 months in a driving-under-the-influence
24 program that is licensed pursuant to this chapter.

25 (b) In determining whether to refer a person, who is ordered to
26 participate in a program pursuant to Section 668 of the Harbors
27 and Navigation Code, in a licensed alcohol and other drug
28 education and counseling services program pursuant to Section
29 23538 of the Vehicle Code, or, pursuant to Section 23542, 23548,
30 23552, 23556, 23562, or 23568 of the Vehicle Code, in a licensed
31 18-month or 30-month program, the court may consider any
32 relevant information about the person made available pursuant to
33 a presentence investigation, that is permitted but not required under
34 Section 23655 of the Vehicle Code, or other screening procedure.
35 That information shall not be furnished, however, by any person
36 who also provides services in a privately operated, licensed
37 program or who has any direct interest in a privately operated,
38 licensed program. In addition, the court shall obtain from the
39 Department of Motor Vehicles a copy of the person’s driving
40 record to determine whether the person is eligible to participate in

1 a licensed 18-month or 30-month program pursuant to this chapter.
2 When preparing a presentence report for the court, the probation
3 department may consider the suitability of placing the defendant
4 in a treatment program that includes the administration of
5 nonscheduled nonaddicting medications to ameliorate an alcohol
6 or controlled substance problem. If the probation department
7 recommends that this type of program is a suitable option for the
8 defendant, the defendant who would like the court to consider this
9 option shall obtain from his or her physician a prescription for the
10 medication, and a finding that the treatment is medically suitable
11 for the defendant, prior to consideration of this alternative by the
12 court.

13 (c) (1) The court shall, as a condition of probation pursuant to
14 Section 23538 or 23556 of the Vehicle Code, refer a first offender
15 whose concentration of alcohol in his or her blood was less than
16 0.20 percent, by weight, to participate for at least three months or
17 longer, as ordered by the court, in a licensed program that consists
18 of at least 30 hours of program activities, including those education,
19 group counseling, and individual interview sessions described in
20 this chapter.

21 (2) Notwithstanding any other provision of law, in granting
22 probation to a first offender described in this subdivision whose
23 concentration of alcohol in the person's blood was 0.20 percent
24 or more, by weight, or the person refused to take a chemical test,
25 the court shall order the person to participate, for at least nine
26 months or longer, as ordered by the court, in a licensed program
27 that consists of at least 60 hours of program activities, including
28 those education, group counseling, and individual interview
29 sessions described in this chapter.

30 (d) (1) The State Department of ~~Alcohol and Drug Programs~~
31 ~~shall~~ *Health Care Services* may specify in regulations the activities
32 required to be provided in the treatment of participants receiving
33 nine months of licensed program services under Section 23538 or
34 23556 of the Vehicle Code.

35 (2) Any program licensed pursuant to this chapter may provide
36 treatment services to participants receiving at least six months of
37 licensed program services under Section 23538 or 23556 of the
38 Vehicle Code.

39 (e) The court may, subject to Section 11837.2, and as a condition
40 of probation, refer a person to a licensed program, even though

1 the person's privilege to operate a motor vehicle is restricted,
2 suspended, or revoked. An 18-month program described in Section
3 23542 or 23562 of the Vehicle Code or a 30-month program
4 described in Section 23548, 23552, or 23568 of the Vehicle Code
5 may include treatment of family members and significant other
6 persons related to the convicted person with the consent of those
7 family members and others as described in this chapter, if there is
8 no increase in the costs of the program to the convicted person.

9 (f) The clerk of the court shall indicate the duration of the
10 program in which the judge has ordered the person to participate
11 in the abstract of the record of the court that is forwarded to the
12 department.

13 ~~(g) This section shall become operative on September 20, 2005.~~

14 *SEC. 47. Section 11839.1 of the Health and Safety Code is*
15 *amended to read:*

16 11839.1. The Legislature finds and declares that it is in the
17 best interests of the health and welfare of the people of this state
18 to coordinate narcotic treatment programs to use ~~replacement~~
19 narcotic *replacement* therapy in the treatment of addicted persons
20 whose addiction was acquired or supported by the use of a narcotic
21 drug or drugs, not in compliance with a physician and surgeon's
22 legal prescription, and to establish and enforce minimum
23 requirements for the operation of all narcotic treatment programs
24 in this state.

25 *SEC. 48. Section 11839.2 of the Health and Safety Code is*
26 *amended to read:*

27 11839.2. The following controlled substances are authorized
28 for use in ~~replacement~~ narcotic *replacement* therapy by licensed
29 narcotic treatment programs:

30 (a) Methadone.

31 (b) Levoalphacetylmethadol (LAAM) as specified in paragraph
32 (10) of subdivision (c) of Section 11055.

33 (c) Buprenorphine products or combination of products approved
34 by the federal Food and Drug Administration for maintenance or
35 detoxification of opioid dependence.

36 (d) Any other federally approved, controlled substances used
37 for the purpose of narcotic replacement treatment.

38 *SEC. 49. Section 11839.3 of the Health and Safety Code is*
39 *amended to read:*

1 11839.3. (a) In addition to the duties authorized by other
2 statutes, the department shall perform all of the following:

3 (1) License the establishment of narcotic treatment programs
4 in this state to use ~~replacement~~ narcotic *replacement* therapy in
5 the treatment of addicted persons whose addiction was acquired
6 or supported by the use of a narcotic drug or drugs, not in
7 compliance with a physician and surgeon's legal prescription,
8 except that the Research Advisory Panel shall have authority to
9 approve methadone or LAAM research programs. The department
10 shall establish and enforce the criteria for the eligibility of patients
11 to be included in the programs, program operation guidelines, such
12 as dosage levels, recordkeeping and reporting, urinalysis
13 requirements, take-home doses of ~~methadone~~, *controlled*
14 *substances authorized for use pursuant to Section 11839.2*, security
15 against redistribution of the ~~replacement~~ narcotic *replacement*
16 drugs, and any other regulations that are necessary to protect the
17 safety and well-being of the patient, the local community, and the
18 public, and to carry out this chapter. A program may admit a patient
19 to narcotic maintenance or narcotic detoxification treatment seven
20 days after completion of a prior withdrawal treatment episode. The
21 arrest and conviction records and the records of pending charges
22 against any person seeking admission to a narcotic treatment
23 program shall be furnished to narcotic treatment program directors
24 upon written request of the narcotic treatment program director
25 provided the request is accompanied by a signed release from the
26 person whose records are being requested.

27 (2) Inspect narcotic treatment programs in this state and ensure
28 that programs are operating in accordance with the law and
29 regulations. The department shall have sole responsibility for
30 compliance inspections of all programs in each county. Annual
31 compliance inspections shall consist of an evaluation by onsite
32 review of the operations and records of licensed narcotic treatment
33 programs' compliance with applicable state and federal laws and
34 regulations and the evaluation of input from local law enforcement
35 and local governments, regarding concerns about the narcotic
36 treatment program. At the conclusion of each inspection visit, the
37 department shall conduct an exit conference to explain the cited
38 deficiencies to the program staff and to provide recommendations
39 to ensure compliance with applicable laws and regulations. The
40 department shall provide an inspection report to the licensee within

1 30 days of the completed onsite review describing the program
2 deficiencies. A corrective action plan shall be required from the
3 program within 30 days of receipt of the inspection report. All
4 corrective actions contained in the plan shall be implemented
5 within 30 days of receipt of approval by the department of the
6 corrective action plan submitted by the narcotic treatment program.
7 For programs found not to be in compliance, a subsequent
8 inspection of the program shall be conducted within 30 days after
9 the receipt of the corrective action plan in order to ensure that
10 corrective action has been implemented satisfactorily. Subsequent
11 inspections of the program shall be conducted to determine and
12 ensure that the corrective action has been implemented
13 satisfactorily. For purposes of this requirement, “compliance” shall
14 mean to have not committed any of the grounds for suspension or
15 revocation of a license provided for under subdivision (a) of
16 Section 11839.9 or paragraph (2) of subdivision (b) of Section
17 11839.9. Inspection of narcotic treatment programs shall be based
18 on objective criteria including, but not limited to, an evaluation of
19 the programs’ adherence to all applicable laws and regulations and
20 input from local law enforcement and local governments. Nothing
21 in this section shall preclude counties from monitoring their
22 contract providers for compliance with contract requirements.

23 (3) Charge and collect licensure fees. In calculating the licensure
24 fees, the department shall include staff salaries and benefits, related
25 travel costs, and state operational and administrative costs. Fees
26 shall be used to offset licensure and inspection costs not to exceed
27 actual costs.

28 (4) Study and evaluate, on an ongoing basis, narcotic treatment
29 programs including, but not limited to, the adherence of the
30 programs to all applicable laws and regulations and the impact of
31 the programs on the communities in which they are located.

32 (5) Provide advice, consultation, and technical assistance to
33 narcotic treatment programs to ensure that the programs comply
34 with all applicable laws and regulations and to minimize any
35 negative impact that the programs may have on the communities
36 in which they are located.

37 (6) In its discretion, to approve local agencies or bodies to assist
38 it in carrying out this chapter provided that the department may
39 not delegate responsibility for inspection or any other licensure
40 activity without prior and specific statutory approval. However,

1 the department shall evaluate recommendations made by county
2 alcohol and drug program administrators regarding licensing
3 activity in their respective counties.

4 (7) The director may grant exceptions to the regulations adopted
5 under this chapter if he or she determines that this action would
6 improve treatment services or achieve greater protection to the
7 health and safety of patients, the local community, or the general
8 public. No exception may be granted if it is contrary to, or less
9 stringent than, the federal laws and regulations which govern
10 narcotic treatment programs.

11 (b) It is the intent of the Legislature in enacting this section in
12 order to protect the general public and local communities, that
13 self-administered dosage shall only be provided when the patient
14 is clearly adhering to the requirements of the program, and where
15 daily attendance at a clinic would be incompatible with gainful
16 employment, education, and responsible homemaking. The
17 department shall define “satisfactory adherence” and shall ensure
18 that patients not satisfactorily adhering to their programs shall not
19 be provided take-home dosage.

20 (c) There is established in the State Treasury the Narcotic
21 Treatment Program Licensing Trust Fund. All licensure fees
22 collected from the providers of narcotic treatment service shall be
23 deposited in this fund. Except as otherwise provided in this section,
24 if funds remain in this fund after appropriation by the Legislature
25 and allocation for the costs associated with narcotic treatment
26 licensure actions and inspection of narcotic treatment programs,
27 a percentage of the excess funds shall be annually rebated to the
28 licensees based on the percentage their licensing fee is of the total
29 amount of fees collected by the department. A reserve equal to 10
30 percent of the total licensure fees collected during the preceding
31 fiscal year may be held in each trust account to reimburse the
32 department if the actual cost for the licensure and inspection exceed
33 fees collected during a fiscal year.

34 (d) Notwithstanding any provision of this code or regulations
35 to the contrary, the department shall have sole responsibility and
36 authority for determining if a state narcotic treatment program
37 license shall be granted and for administratively establishing the
38 maximum treatment capacity of any license. However, the
39 department shall not increase the capacity of a program unless it

1 determines that the licensee is operating in full compliance with
2 applicable laws and regulations.

3 *SEC. 50. Section 11839.5 of the Health and Safety Code is*
4 *amended to read:*

5 11839.5. In addition to the duties authorized by other
6 provisions, the department shall be responsible for licensing
7 narcotic treatment programs to use—~~replacement~~ narcotic
8 *replacement* therapy in the treatment of addicted persons whose
9 addiction was acquired or supported by the use of a narcotic drug
10 or drugs, not in compliance with a physician and surgeon's legal
11 prescription. No narcotic treatment program shall be authorized
12 to use—~~replacement~~ narcotic *replacement* therapy without first
13 obtaining a license therefor as provided in this chapter. The
14 department may license narcotic treatment programs on an inpatient
15 or outpatient basis, or both. The department may also grant a state
16 narcotic treatment license.

17 *SEC. 51. Section 11839.7 of the Health and Safety Code is*
18 *amended to read:*

19 11839.7. (a) (1) Each narcotic treatment program authorized
20 to use—~~replacement~~ narcotic *replacement* therapy in this state,
21 except narcotic treatment research programs approved by the
22 Research Advisory Panel, shall be licensed by the department.

23 (2) Each narcotic treatment program, other than a program
24 owned and operated by the state, county, city, or city and county,
25 shall, upon application for licensure and for renewal of a license,
26 pay an annual license fee to the department. July 1 shall be the
27 annual license renewal date.

28 (3) The department shall set the licensing fee at a level sufficient
29 to cover all departmental costs associated with licensing incurred
30 by the department, but the fee shall not, except as specified in this
31 section, increase at a rate greater than the Consumer Price Index.
32 The fees shall include the department's share of pro rata charges
33 for the expenses of state government. The fee may be paid quarterly
34 in arrears as determined by the department. Fees paid quarterly in
35 arrears shall be due and payable on the last day of each quarter
36 except for the fourth quarter for which payment shall be due and
37 payable no later than May 31. A failure of a program to pay
38 renewal license fees by the due date shall give rise to a civil penalty
39 of one hundred dollars (\$100) a day for each day after the due date.
40 Second and subsequent inspection visits to narcotic treatment

1 programs that are operating in noncompliance with the applicable
2 laws and regulations shall be charged a rate of one-half the
3 program's annual license fee or one thousand dollars (\$1,000),
4 whichever is less, for each visit.

5 (4) Licensing shall be contingent upon determination by the
6 department that the program is in compliance with applicable laws
7 and regulations and upon payment of the licensing fee. A license
8 shall not be transferable.

9 (5) (A) As used in this chapter, "quarter" means July, August,
10 and September; October, November, and December; January,
11 February, and March; and April, May, and June.

12 (B) As used in this chapter, "license" means a basic permit to
13 operate a narcotic treatment program. The license shall be issued
14 exclusively by the department and operated in accordance with a
15 patient capacity that shall be specified, approved, and monitored
16 solely by the department.

17 (b) Each narcotic treatment program, other than a program
18 owned and operated by the state, county, city, or city and county,
19 shall be charged an application fee that shall be at a level sufficient
20 to cover all departmental costs incurred by the department in
21 processing either an application for a new program license, or an
22 application for an existing program that has moved to a new
23 location.

24 (c) Any licensee that increases fees to the patient, in response
25 to increases in licensure fees required by the department, shall first
26 provide written disclosure to the patient of that amount of the
27 patient fee increase that is attributable to the increase in the
28 licensure fee. This provision shall not be construed to limit patient
29 fee increases imposed by the licensee upon any other basis.

30 *SEC. 52. Section 11839.9 of the Health and Safety Code is*
31 *amended to read:*

32 11839.9. (a) The director shall suspend or revoke any license
33 issued under this article, or deny an application to renew a license
34 or to modify the terms and conditions of a license, upon any
35 violation by the licensee of this article or regulations adopted under
36 this article that presents an imminent danger of death or severe
37 harm to any participant of the program or a member of the general
38 public.

39 (b) The director may suspend or revoke any license issued under
40 this article, or deny an application to renew a license or to modify

1 the terms and conditions of a license, upon any of the following
2 grounds and in the manner provided in this article:

3 (1) Violation by the licensee of any laws or regulations of the
4 Substance Abuse and Mental Health Services Administration or
5 the United States Department of Justice, Drug Enforcement
6 Administration, that are applicable to narcotic treatment programs.

7 (2) Any violation that relates to the operation or maintenance
8 of the program that has an immediate relationship to the physical
9 health, mental health, or safety of the program participants or
10 general public.

11 (3) Aiding, abetting, or permitting the violation of, or any
12 repeated violation of, any of the provisions set forth in subdivision
13 (a) or in paragraph (1) or (2).

14 (4) Conduct in the operation of a narcotic treatment program
15 that is inimical to the health, welfare, or safety of an individual in,
16 or receiving services from, the program, the local community, or
17 the people of the State of California.

18 (5) The conviction of the licensee or any partner, officer,
19 director, 10 percent or greater shareholder, or person employed
20 under the authority of subdivision (c) of Section 2401 of the
21 Business and Professions Code at any time during licensure, of a
22 crime substantially related to the qualifications, functions, or duties
23 of, or relating to, a narcotic treatment program licensee.

24 (6) The commission by the licensee or any partner, officer,
25 director, 10 percent or greater shareholder, or person employed
26 under the authority of subdivision (c) of Section 2401 of the
27 Business and Professions Code at any time during licensure, of
28 any act involving fraud, dishonesty, or deceit, with the intent to
29 substantially benefit himself or herself or another, or substantially
30 to injure another, and that act is substantially related to the
31 qualifications, functions, or duties of, or relating to, a narcotic
32 treatment program licensee.

33 (7) Diversion of narcotic drugs. A program's failure to maintain
34 a narcotic drug reconciliation system that accounts for all incoming
35 and outgoing narcotic drugs, as required by departmental or federal
36 regulations, shall create a rebuttable presumption that narcotic
37 drugs are being diverted.

38 (8) Misrepresentation of any material fact in obtaining the
39 narcotic treatment program license.

(9) Failure to comply with a department order to cease admitting patients or to cease providing patients with take-home dosages of ~~replacement~~ narcotic *replacement* drugs.

(10) Failure to pay any civil penalty assessed pursuant to paragraph (3) of subdivision (a) of Section 11839.16 where the penalty has become final, unless payment arrangements acceptable to the department have been made.

(11) The suspension or exclusion of the licensee or any partner, officer, director, 10 percent or greater shareholder, or person employed under the authority of subdivision (c) of Section 2401 of the Business and Professions Code from the Medicare, medicaid, or Medi-Cal programs.

(c) Prior to issuing an order pursuant to this section, the director shall ensure continuity of patient care by the program's guarantor or through the transfer of patients to other licensed programs. The director may issue any needed license or amend any other license in an effort to ensure that patient care is not impacted adversely by an order issued pursuant to this section.

SEC. 53. Section 11839.26 of the Health and Safety Code is amended to read:

11839.26. The State Department of Health Care Services shall enforce this article and the rules and regulations adopted pursuant to this ~~article by the department.~~ *article.*

SEC. 54. Section 11842 of the Health and Safety Code is amended to read:

11842. As used in this chapter, "narcotic and drug abuse program" means any program that provides any service of care, treatment, rehabilitation, counseling, vocational training, self-improvement classes or courses, ~~replacement~~ narcotic *replacement* therapy in maintenance or detoxification treatment, or other medication services for detoxification and treatment, and any other services that are provided either public or private, whether free of charge or for compensation, which services are intended in any way to alleviate the problems of narcotic addiction or habituation or drug abuse addiction or habituation or any problems in whole or in part related to the problem of narcotics addiction or drug abuse, or any combination of these problems.

SEC. 55. Section 11842.5 of the Health and Safety Code is amended to read:

1 11842.5. As used in this chapter, an alcohol and other drug
2 abuse program includes, but is not limited to:

3 (a) Residential programs that provide a residential setting and
4 services such as detoxification, counseling, care, treatment, and
5 rehabilitation in a live-in facility.

6 (b) Drop-in centers that are established for the purpose of
7 providing counseling, advice, or a social setting for one or more
8 persons who are attempting to understand, alleviate, or cope with
9 their problems of alcohol and other drug abuse.

10 (c) Crisis lines that provide a telephone answering service that
11 provides, in whole or in part, crisis intervention, counseling, or
12 referral, or that is a source of general drug abuse information.

13 (d) Free clinics that are established for the purpose, either in
14 whole or in part, of providing any medical or dental care, social
15 services, or treatment, or referral to these services for those persons
16 recognized as having a problem of narcotics addiction or drug
17 abuse. Free clinics include primary care clinics licensed under
18 paragraph (2) of subdivision (a) of Section 1204.

19 (e) Detoxification centers that are established for the purpose
20 of detoxification from drugs, regardless of whether or not narcotics,
21 restricted dangerous drugs, or other medications are administered
22 in the detoxification and whether detoxification takes place in a
23 live-in facility or on an outpatient basis.

24 (f) Narcotic treatment programs, whether inpatient or outpatient,
25 that offer—~~replacement~~ narcotic *replacement* therapy and
26 maintenance, detoxification, or other services, in conjunction with
27 that replacement narcotic therapy.

28 (g) Chemical dependency programs, whether inpatient or
29 outpatient and whether in a hospital or nonhospital setting, that
30 offer a set program of treatment and rehabilitation for persons with
31 a chemical dependency that is not primarily an alcohol dependency.

32 (h) Alcohol and other drug prevention programs that promote
33 positive action that changes the conditions under which the
34 drug-taking behaviors to be prevented are most likely to occur and
35 a proactive and deliberate process that promotes health and
36 well-being by empowering people and communities with resources
37 necessary to confront complex and stressful life conditions.

38 (i) Nonspecific drug programs that have not been specifically
39 mentioned in subdivisions (a) to (h), inclusive, but that provide or
40 offer to provide, in whole or in part, for counseling, therapy,

1 referral, advice, care, treatment, or rehabilitation as a service to
2 those persons suffering from alcohol and other drug addiction, or
3 alcohol and other drug abuse related problems that are either
4 physiological or psychological in nature.

5 *SEC. 56. Section 11844 of the Health and Safety Code is*
6 *repealed.*

7 ~~11844. Registration under this chapter shall include registration~~
8 ~~of all of the following information concerning the particular~~
9 ~~narcotic and drug abuse program or alcohol and other drug abuse~~
10 ~~program registering:~~

11 (a) ~~A description of the services, programs, or activities provided~~
12 ~~by the narcotic and drug abuse program and the types of patients~~
13 ~~served.~~

14 (b) ~~The address of each facility at which the services, programs,~~
15 ~~or activities are furnished.~~

16 (c) ~~The names and addresses of the persons or agencies~~
17 ~~responsible for the direction and operation of the narcotic and drug~~
18 ~~abuse program or alcohol and other drug abuse program.~~

19 *SEC. 57. Section 11844.5 of the Health and Safety Code is*
20 *repealed.*

21 ~~11844.5. Registration under this part does not constitute the~~
22 ~~approval or endorsement of the narcotic and drug abuse program~~
23 ~~or alcohol and other drug abuse program by any state or county~~
24 ~~officer, employee, or agency.~~

25 *SEC. 58. Section 11845 of the Health and Safety Code is*
26 *repealed.*

27 ~~11845. For the purpose of this chapter, registration shall not~~
28 ~~be required for those programs that provide alcohol and other drug~~
29 ~~abuse education in public or private schools as a matter of and in~~
30 ~~conjunction with a general education of students. This chapter~~
31 ~~does not require registration of law enforcement agencies that~~
32 ~~provide alcohol and other drug abuse education in the course of~~
33 ~~their normal performance of duties. Nothing in this chapter shall~~
34 ~~prohibit registration of these programs of education or law~~
35 ~~enforcement if the law enforcement and education agencies so~~
36 ~~desire.~~

37 *SEC. 59. Section 11847 of the Health and Safety Code is*
38 *amended to read:*

39 11847. The Legislature hereby finds and declares that it is
40 essential to the health and welfare of the people of this state that

1 action be taken by state government to effectively and
2 economically utilize federal and state funds for narcotic and alcohol
3 and other drug abuse prevention, care, treatment, and rehabilitation
4 services. To achieve this, it is necessary that all of the following
5 occur:

6 (a) Existing fragmented, uncoordinated, and duplicative narcotic
7 and alcohol and other drug abuse programs be molded into a
8 comprehensive and integrated statewide program for the prevention
9 of narcotic and alcohol and other drug abuse and for the care,
10 treatment, and rehabilitation of narcotic addicts and alcohol and
11 other drug users.

12 (b) Responsibility and authority for planning programs and
13 activities for prevention, care, treatment, and rehabilitation of
14 narcotic addicts be concentrated in the department. It is the intent
15 of the Legislature to assign responsibility and grant authority for
16 planning narcotic and alcoholic and other drug abuse prevention,
17 care, treatment, and rehabilitation programs to the department
18 whose functions shall be subject to periodic review by the
19 Legislature and appropriate federal agencies.

20 (c) The department succeeds to, and is vested with, all the duties,
21 powers, purposes, responsibilities, and jurisdiction with regard to
22 substance abuse formerly vested in the State Department of Health.
23 *Alcohol and Drug Programs.*

24 *SEC. 60. Section 11970 of the Health and Safety Code is*
25 *amended to read:*

26 11970. (a) This article shall be known and may be cited as the
27 Comprehensive Drug Court Implementation Act of 1999.

28 (b) The State Department of Alcohol and Drug Programs shall
29 provide oversight of this article.

30 (c) The department and the Judicial Council shall design and
31 implement this article through the Drug Court Partnership
32 Executive Steering Committee established under the former Drug
33 Court Partnership Act of 1998 pursuant to former Section 11970,
34 for the purpose of funding cost-effective local drug court systems
35 for adults, juveniles, and parents of children who are detained by,
36 or are dependents of, the juvenile court.

37 (d) *This section shall become inoperative on July 1, 2013.*

38 *SEC. 61. Section 11970.5 is added to the Health and Safety*
39 *Code, to read:*

1 11970.5. (a) This article shall be known and may be cited as
2 the Drug Court Programs Act.

3 (b) This section shall become operative on July 1, 2013.

4 SEC. 62. Section 11973 of the Health and Safety Code is
5 amended to read:

6 11973. (a) It is the intent of the Legislature that dependency
7 drug courts be funded unless an evaluation of cost avoidance as
8 provided in this section with respect to child welfare services and
9 foster care demonstrates that the program is not cost effective.

10 (b) The State Department of Social Services, in collaboration
11 with the State Department of Alcohol and Drug Programs and the
12 Judicial Council, shall conduct an evaluation of cost avoidance
13 with respect to child welfare services and foster care pursuant to
14 this section. These parties shall do all of the following:

15 (1) Consult with legislative staff and at least one representative
16 of an existing dependency drug court program who has experience
17 conducting an evaluation of cost avoidance, to clarify the elements
18 to be reviewed.

19 (2) Identify requirements, such as specific measures of cost
20 savings and data to be evaluated, and methodology for use of
21 control cases for comparison data.

22 (3) Whenever possible, use existing evaluation case samples to
23 gather the necessary additional data.

24 (c) This section shall become inoperative on July 1, 2013.

25 SEC. 63. Section 11975 of the Health and Safety Code is
26 amended to read:

27 11975. (a) This article shall be known and may be cited as the
28 Drug Court Partnership Act of 2002.

29 (b) The Drug Court Partnership Program, as provided for in this
30 article, shall be administered by the State Department of Alcohol
31 and Drug Programs for the purpose of providing assistance to drug
32 courts that accept only defendants who have been convicted of
33 felonies. The department and the Judicial Council shall design and
34 implement this program through the Drug Court Systems Steering
35 Committee as originally established by the department and the
36 Judicial Council to implement the former Drug Court Partnership
37 Act of 1998 (Article 3 (commencing with Section ~~11970~~ 11970)).

38 (c) (1) The department shall require counties that participate
39 in the Drug Court Partnership Program to submit a revised
40 multiagency plan that is in conformance with the Drug Court

1 Systems Steering Committee's recommended guidelines. Revised
2 multiagency plans that are reviewed and approved by the
3 department and recommended by the Drug Court Systems Steering
4 Committee shall be funded for the 2002–03 fiscal year under this
5 article. The department, without a renewal of the Drug Court
6 Systems Steering Committee's original recommendation, may
7 disburse future year appropriations to the grantees.

8 (2) The multiagency plan shall identify the resources and
9 strategies for providing an effective drug court program exclusively
10 for convicted felons who meet the requirements of this article and
11 the guidelines adopted thereunder, and shall set forth the basis for
12 determining eligibility for participation that will maximize savings
13 to the state in avoided prison costs.

14 (3) The multiagency plan shall include, but not be limited to,
15 all of the following components:

16 (A) The method by which the drug court will ensure that the
17 target population of felons will be identified and referred to the
18 drug court.

19 (B) The elements of the treatment and supervision programs.

20 (C) The method by which the grantee will provide the specific
21 outcomes and data required by the department to determine state
22 prison savings or cost avoidance.

23 (D) Assurance that funding received pursuant to this article will
24 be used to supplement, rather than supplant, existing programs.

25 (d) Funds shall be used only for programs that are identified in
26 the approved multiagency plan. Acceptable uses may include, but
27 shall not be limited to, any of the following:

28 (1) Drug court coordinators.

29 (2) Training.

30 (3) Drug testing.

31 (4) Treatment.

32 (5) Transportation.

33 (6) Other costs related to substance abuse treatment.

34 (e) The department shall identify and design a data collection
35 instrument to determine state prison cost savings and avoidance
36 from this program.

37 (f) *This section shall become inoperative on July 1, 2013.*

38 SEC. 64. *Section 11998.4 is added to the Health and Safety*
39 *Code, to read:*

1 11998.4. *This division shall become inoperative on July 1,*
2 *2013.*

3 *SEC. 65. Section 11999.1 of the Health and Safety Code is*
4 *amended to read:*

5 11999.1. For the purpose of this division, the following
6 definitions apply:

7 (a) “Drug” means all of the following:

8 (1) Any controlled substance as defined in Division 10
9 (commencing with Section 11000).

10 (2) Any imitation controlled substance as defined in Chapter 1
11 (commencing with Section 11670) of Division 10.1.

12 (3) Toluene or any substance or material containing toluene or
13 any substance with similar toxic qualities as set forth in Sections
14 380 and 381 of the Penal Code.

15 (b) “Drug- or alcohol-related program” means any program
16 designed to reduce the unlawful use of, or assist those who engage
17 in the unlawful use of, drugs or alcohol, whether through education,
18 prevention, intervention, treatment, enforcement, or other means.

19 (c) “Local agency” shall include, but is not limited to, a county,
20 a city, a city and county, and school district.

21 (d) “State agency” shall include the State Department of ~~Alcohol~~
22 ~~and Drug Programs~~, *Health Care Services*, the State Department
23 of Education, the Department of Justice, the Office of Criminal
24 Justice Planning, and the Office of Traffic Safety. Any other state
25 agency or department may comply with this division.

26 *SEC. 66. Section 11999.6 of the Health and Safety Code is*
27 *amended to read:*

28 11999.6. Moneys deposited in the Substance Abuse Treatment
29 Trust Fund shall be distributed annually by the Secretary of
30 California Health and Human Services through the State
31 Department of ~~Alcohol and Drug Programs~~ *Health Care Services*
32 to counties to cover the costs of placing persons in and providing
33 drug treatment programs under this act, and vocational training,
34 family counseling, and literacy training under this act. Additional
35 costs that may be reimbursed from the Substance Abuse Treatment
36 Trust Fund include probation department costs, court monitoring
37 costs, and any miscellaneous costs made necessary by the
38 provisions of this act other than drug testing services of any kind.
39 Incarceration costs cannot be reimbursed from the fund. Those
40 moneys shall be allocated to counties through a fair and equitable

1 distribution formula that includes, but is not limited to, per capita
2 arrests for controlled substance possession violations and substance
3 abuse treatment caseload, as determined by the department as
4 necessary to carry out the purposes of this act. The department
5 may reserve a portion of the fund to pay for direct contracts with
6 drug treatment service providers in counties or areas in which the
7 director of the department has determined that demand for drug
8 treatment services is not adequately met by existing programs.
9 However, nothing in this section shall be interpreted or construed
10 to allow any entity to use funds from the Substance Abuse
11 Treatment Trust Fund to supplant funds from any existing fund
12 source or mechanism currently used to provide substance abuse
13 treatment. In addition, funds from the Substance Abuse Treatment
14 Trust Fund shall not be used to fund in any way the drug treatment
15 courts established pursuant to Article ~~2~~ 1 (commencing with
16 Section ~~11970.4~~ 11970) or Article 3 2 (commencing with Section
17 ~~11970.4~~ 11975) of Chapter 2 of Part 3 of Division 10.5, including
18 drug treatment or probation supervision associated with those drug
19 treatment courts.

20 *SEC. 67. Section 11999.20 of the Health and Safety Code is*
21 *amended to read:*

22 11999.20. (a) The State Department of Alcohol and Drug
23 Programs shall administer and award grants to counties to
24 supplement funding provided under the Substance Abuse and
25 Crime Prevention Act of 2000 for the purpose of funding substance
26 abuse testing for eligible offenders. Funding shall be used to
27 supplement, rather than supplant, funding for existing substance
28 abuse testing programs.

29 (b) *This section shall become inoperative on July 1, 2013.*

30 *SEC. 68. Section 11999.25 of the Health and Safety Code is*
31 *amended to read:*

32 11999.25. (a) To be eligible for a grant pursuant to this
33 division, a county shall have on file with the State Department of
34 Alcohol and Drug Programs an approved plan for implementing
35 the Substance Abuse and Crime Prevention Act of 2000.

36 (b) The county plan shall include a description of the process
37 to be used for substance abuse treatment and substance abuse
38 testing of probationers consistent with Sections 1210.1 and 1210.5,
39 and substance abuse treatment and substance abuse testing of
40 parolees consistent with Sections 3063.1 and 3063.2.

1 (c) The State Department of Alcohol and Drug Programs shall
2 establish a fair and equitable distribution formula for allocating
3 money to eligible counties.

4 (d) *This section shall become inoperative on July 1, 2013.*

5 SEC. 69. *Section 11999.30 of the Health and Safety Code is*
6 *amended to read:*

7 11999.30. (a) This division shall be known as the Substance
8 Abuse Offender Treatment Program. Funds distributed under this
9 division shall be used to serve offenders who qualify for services
10 under the Substance Abuse and Crime Prevention Act of 2000,
11 including any amendments thereto. Implementation of this division
12 is subject to an appropriation in the annual Budget Act.

13 (b) The department shall distribute funds for the Substance
14 Abuse Offender Treatment Program to counties that demonstrate
15 eligibility for the program, including a commitment of county
16 general funds or funds from a source other than the state, which
17 demonstrates eligibility for the program. The department shall
18 establish a methodology for allocating funds under the program,
19 based on the following factors:

20 (1) The percentage of offenders ordered to drug treatment that
21 actually begin treatment.

22 (2) The percentage of offenders ordered to treatment that
23 completed the prescribed course of treatment.

24 (3) Any other factor determined by the department.

25 (c) The distribution of funds for this program to each eligible
26 county shall be at a ratio of nine dollars (\$9) for every one dollar
27 (\$1) of eligible county matching funds.

28 (d) County eligibility for funds under this division shall be
29 determined by the department according to specified criteria,
30 including, but not limited to, all of the following:

31 (1) The establishment and maintenance of dedicated court
32 calendars with regularly scheduled reviews of treatment progress
33 for persons ordered to drug treatment.

34 (2) The existence or establishment of a drug court, or a similar
35 approach, and willingness to accept defendants who are likely to
36 be committed to state prison.

37 (3) The establishment and maintenance of protocols for the use
38 of drug testing to monitor offenders' progress in treatment.

1 (4) The establishment and maintenance of protocols for assessing
2 offenders' treatment needs and the placement of offenders at the
3 appropriate level of treatment.

4 (5) The establishment and maintenance of protocols for effective
5 supervision of offenders on probation.

6 (6) The establishment and maintenance of protocols for
7 enhancing the overall effectiveness of services to eligible parolees.

8 (e) The department, in its discretion, may limit administrative
9 costs in determining the amount of eligible county match, and may
10 limit the expenditure of funds provided under this division for
11 administrative costs. The department may also require a limitation
12 on the expenditure of funds provided under this division for
13 services other than direct treatment costs, as a condition of receipt
14 of program funds.

15 (f) To receive funds under this division, a county shall submit
16 an application to the department documenting all of the following:

17 (1) The county's commitment of funds, as required by
18 subdivision (b).

19 (2) The county's eligibility, as determined by the criteria set
20 forth in subdivision (d).

21 (3) The county's plan and commitment to utilize the funds for
22 the purposes of the program, which may include, but are not limited
23 to, all of the following:

24 (A) Enhancing treatment services for offenders assessed to need
25 them, including residential treatment and narcotic replacement
26 therapy.

27 (B) Increasing the proportion of sentenced offenders who enter,
28 remain in, and complete treatment, through activities and
29 approaches such as colocation of services, enhanced supervision
30 of offenders, and enhanced services determined necessary through
31 the use of drug test results.

32 (C) Reducing delays in the availability of appropriate treatment
33 services.

34 (D) Use of a drug court or similar model, including dedicated
35 court calendars with regularly scheduled reviews of treatment
36 progress, and strong collaboration by the courts, probation, and
37 treatment.

38 (E) Developing treatment services that are needed but not
39 available.

1 (F) Other activities, approaches, and services approved by the
2 department, after consultation with stakeholders.

3 (g) The department shall audit county expenditures of funds
4 distributed pursuant to this division. Expenditures not made in
5 accordance with this division shall be repaid to the state.

6 (h) The department shall consult with stakeholders and report
7 during annual budget hearings on additional recommendations for
8 improvement of programs and services, allocation and funding
9 mechanisms, including, but not limited to, competitive approaches,
10 performance-based allocations, and sources of data for
11 measurement.

12 (i) (1) For the 2006–07 and 2007–08 fiscal years, the department
13 may implement this division by all-county letters or other similar
14 instructions, and need not comply with the rulemaking
15 requirements of Chapter 3.5 (commencing with Section 11340) of
16 Part 1 of Division 3 of Title 2 of the Government Code.
17 Commencing with the 2008–09 fiscal year, the department may
18 implement this section by emergency regulations, adopted pursuant
19 to paragraph (2).

20 (2) Regulations adopted by the department pursuant to this
21 division shall be adopted as emergency regulations in accordance
22 with Chapter 3.5 (commencing with Section 11340) of Part 1 of
23 Division 3 of Title 2 of the Government Code, and for the purposes
24 of that chapter, including Section 11349.6 of the Government
25 Code, the adoption of these regulations is an emergency and shall
26 be considered by the Office of Administrative Law as necessary
27 for the immediate preservation of the public peace, health and
28 safety, and general welfare. Notwithstanding Chapter 3.5
29 (commencing with Section 11340) of Part 1 of Division 3 of Title
30 2 of the Government Code, including subdivision (e) of Section
31 11346.1 of the Government Code, any emergency regulations
32 adopted pursuant to this division shall be filed with, but not be
33 repealed by, the Office of Administrative Law and shall remain
34 in effect until revised by the department. Nothing in this paragraph
35 shall be interpreted to prohibit the department from adopting
36 subsequent amendments on a nonemergency basis or as emergency
37 regulations in accordance with the standards set forth in Section
38 11346.1 of the Government Code.

39 (j) *This division shall become inoperative on July 1, 2013.*

1 SEC. 70. *Section 120860 of the Health and Safety Code is*
2 *amended to read:*

3 120860. (a) The department shall, in coordination with the
4 State Department of ~~Alcohol and Drug Programs~~, *Health Care*
5 *Services*, develop a plan that assesses the need for, a program of
6 acquired immune deficiency syndrome (AIDS) primary prevention,
7 health education, testing, and counseling, specifically designed
8 for women and children, that shall be integrated, as the department
9 deems appropriate, into the following programs:

10 (1) The California Childrens Services Program provided for
11 pursuant to Article 5 (commencing with Section 123800) of
12 Chapter 3 of Part 2 of Division 106.

13 (2) Programs under the Maternal and Child Health Branch of
14 the department.

15 (3) The Child Health Disability Prevention Program provided
16 for pursuant to Article 6 (commencing with Section 124025) of
17 Chapter 3 of Part 2 of Division 106.

18 (4) The Genetic Disease Program, provided for pursuant to
19 Sections 125000 and 125005.

20 (5) The Family Planning Programs, provided for pursuant to
21 Chapter 8.5 (commencing with Section 14500) of Part 3 of Division
22 9 of the Welfare and Institutions Code.

23 (6) The Rural and Community Health Clinics Program.

24 (7) The County Health Services Program, provided for pursuant
25 to Part 4.5 (commencing with Section 16700) of Division 9 of the
26 Welfare and Institutions Code.

27 (8) The Sexually Transmitted Disease Program.

28 (9) ~~Programs~~ *Substance use disorder programs* administered
29 by the State Department of ~~Alcohol and Drug Programs~~. *Health*
30 *Care Services*.

31 (b) The AIDS-related services that shall be addressed in the
32 plan specified in this section shall include, but not be limited to,
33 all of the following:

34 (1) A variety of educational materials that are appropriate to
35 the cultural background and educational level of the program
36 clientele.

37 (2) The availability of confidential HIV antibody testing and
38 counseling either onsite or by referral.

39 (c) Pursuant to subdivision (a), the plan shall include a method
40 to provide the educational materials specified in subdivision (b)

1 and appropriate AIDS-related training programs for those persons
2 who provide direct services to women and children receiving
3 services under the programs specified in this section.

4 (d) In order that the AIDS-related services plan provided through
5 the programs specified in this section be as effective as possible,
6 the department shall ensure that the educational materials and
7 training programs provided for each program specified in
8 subdivision (a) are developed in coordination with, and with input
9 from, each of the respective programs.

10 (e) Nothing in this section shall preclude the department from
11 incorporating the plan requirements into the department's annual
12 state AIDS plan, or any other reporting document relating to AIDS
13 deemed appropriate by the department.

14 *SEC. 71. Section 124174.2 of the Health and Safety Code is*
15 *amended to read:*

16 124174.2. (a) The department, in cooperation with the State
17 Department of Education, shall establish a Public School Health
18 Center Support Program.

19 (b) The program, in collaboration with the State Department of
20 Education, shall perform the following program functions:

21 (1) Provide technical assistance to school health centers on
22 effective outreach and enrollment strategies to identify children
23 who are eligible for, but not enrolled in, the Medi-Cal program,
24 the Healthy Families Program, or any other applicable program.

25 (2) Serve as a liaison between organizations within the
26 department, including, but not limited to, prevention services,
27 primary care, and family health.

28 (3) Serve as a liaison between other state entities, as appropriate,
29 including, but not limited to, the State Department of Health Care
30 Services, the ~~State Department of Alcohol and Drug Programs,~~
31 ~~the Department of Managed Health Care, the California Office of~~
32 ~~Emergency Management Agency, Services,~~ and the Managed Risk
33 Medical Insurance Board.

34 (4) Provide technical assistance to facilitate and encourage the
35 establishment, retention, or expansion of, school health centers.
36 For purposes of this paragraph, technical assistance may include,
37 but is not limited to, identifying available public and private
38 sources of funding, which may include federal Medicaid funds,
39 funds from third-party reimbursements, and available federal or
40 foundation grant moneys.

1 (c) The department shall consult with interested parties and
2 appropriate stakeholders, including the California School Health
3 Centers Association and representatives of youth and parents, in
4 carrying out its responsibilities under this article.

5 *SEC. 72. Section 124174.4 of the Health and Safety Code is*
6 *amended to read:*

7 124174.4. The State Department of Education, in collaboration
8 with the department, shall perform the following functions:

9 (a) Coordination of programs within the State Department of
10 Education that support school health centers and programs within
11 the State Department of Health Care ~~Services and the State~~
12 ~~Department of Alcohol and Drug Programs, Services,~~ where
13 appropriate.

14 (b) The provision of technical assistance to facilitate and
15 encourage the establishment, retention, and expansion of school
16 health centers in public schools. For purposes of this subdivision,
17 “technical assistance” may include the provision of information
18 to local educational agencies and other entities regarding the
19 utilization of facilities, liability insurance, cooperative agreements
20 with community-based providers, and other issues pertinent to
21 school health centers.

22 *SEC. 73. Section 127185 of the Health and Safety Code is*
23 *amended to read:*

24 127185. (a) In addition to the exemption required by Section
25 127175, the office director shall exempt from Sections 127210 to
26 127275, inclusive, and shall issue a certificate of need for those
27 projects where the applicant has shown and the office director has
28 found all of the following:

29 (1) The project is for either of the following:

30 (A) The conversion of a skilled nursing or community care
31 facility, or acute psychiatric hospital or a county funded
32 institution-based alcoholism program, certified by the *State*
33 ~~Department of Alcohol and Drug Programs~~ *Health Care Services*
34 pursuant to Section 11831 as a residential treatment program, to
35 a chemical dependency recovery hospital as defined in subdivision
36 (a) of Section 1250.3, and provided that the facility to be converted
37 has, prior to June 1, 1981, and continuously thereafter, been used
38 exclusively to provide 24-hour residential chemical dependency
39 recovery services, including the basic services enumerated in
40 Section 1250.3 under the direction of a medical director.

(B) The construction and licensure of a chemical dependency recovery hospital where the project was commenced prior to June 1, 1981, and is being diligently pursued to completion, and provided that the person or entity proposing the facility was, prior to June 1, 1981, operating in this state a skilled nursing or community care facility used exclusively for 24-hour residential chemical dependency recovery services, including the basic services enumerated in Section 1250.3, under the direction of a medical director. As used in this paragraph, “commencement of the project” means acquisition of the site where the facility is to be located and submission of drawings for the project to the local government having jurisdiction containing substantially sufficient detail for the issuance of a building permit or permits.

(2) The project could not meet the construction standards established by law or regulation for general acute care hospitals.

(3) The applicant has filed a notice of the project with the office director on forms supplied by the office director within 90 days of the effective date of this section.

The office director shall inform the applicant in writing of his or her determination as to eligibility of the application for a certificate of need under this subdivision within 60 days of receipt of a complete application.

(b) In addition to the exemption required by Section 127175, the office director shall exempt from Sections 127210 to 127275, inclusive, and shall issue a certificate of need for a project for the conversion of a portion of the authorized bed capacity of a general acute care hospital in the classifications listed in Section 1250.1 to chemical dependency recovery beds as provided in subdivision (h) of Section 1250.1, or for the conversion of a skilled nursing facility to a chemical dependency recovery hospital as defined in subdivision (a) of Section 1250.3, where the applicant has shown and the office director has found all of the following:

(1) Commencement of the project began prior to August 10, 1981, and is being diligently pursued to completion.

(2) The facility proposing a conversion was, prior to June 1, 1981, operating an alcoholism treatment program, including all the basic services enumerated in Section 1250.3, under the direction of a medical director, or the facility had obtained, prior to June 1, 1981, the services of a medical director and contracted with program professionals for the conversion of the facility.

As used in this subdivision, “commencement of the project” means a written declaration by the governing body or administration of a hospital of the intention to convert beds of other licensed categories to usage as chemical dependency beds pursuant to subdivision (f) of Section 1250.3 as it existed on August 10, 1981, or a written declaration by the governing body or administration of a skilled nursing facility of the intention to convert to a chemical dependency recovery hospital. The written declaration shall be transmitted to the director by August 17, 1981.

(c) Construction or remodeling necessary to enable a facility exempted under this section to comply with applicable licensing regulations shall be deemed to be eligible for exemption under paragraph (2) of subdivision (b) of Section 127175.

(d) A certificate of exemption issued pursuant to this section shall, for all purposes, have the same effect as a certificate of need issued pursuant to this chapter.

SEC. 74. Section 131055.2 is added to the Health and Safety Code, to read:

131055.2. (a) Commencing July 1, 2013, the State Department of Public Health shall succeed to and be vested with all the duties, powers, purposes, functions, responsibilities, and jurisdiction of the former State Department of Alcohol and Drug Programs as they relate to the Office of Problem and Pathological Gambling (Chapter 8 (commencing with Section 4369) of Part 3 of Division 4 of the Welfare and Institutions Code).

(b) For purposes of the Office of Problem and Pathological Gambling (Chapter 8 (commencing with Section 4369) of Part 3 of Division 4 of the Welfare and Institutions Code) and the Gambling Addiction Program Fund (Article 12 (commencing with Section 19950) of Chapter 5 of Division 8 of the Business and Professions Code), references to the State Department of Alcohol and Drug Programs shall refer to the State Department of Public Health.

(c) All fees collected from licensees in accordance with Article 12 (commencing with Section 19950) of Chapter 5 of Division 8 of the Business and Professions Code and deposited into the Gambling Addiction Program Fund shall be available to the State Department of Public Health in accordance with the requirements of that section.

1 (d) Notwithstanding any other law, any reference in statute,
2 regulation, or contract to the State Department of Alcohol and
3 Drug Programs or the State Department of Alcohol and Drug
4 Abuse shall be construed to refer to the State Department of Public
5 Health when it relates to the transfer of duties, powers, purposes,
6 functions, responsibilities, and jurisdiction made pursuant to this
7 section.

8 (e) No contract, lease, license, or any other agreement to which
9 the State Department of Alcohol and Drug Programs is a party
10 shall be made void or voidable by reason of this section, but shall
11 continue in full force and effect with the State Department of Public
12 Health assuming all of the rights, obligations, and duties of the
13 State Department of Alcohol and Drug Programs with respect to
14 the transfer of duties, powers, purposes, functions, responsibilities,
15 and jurisdiction made pursuant to this section.

16 (f) All unexpended balances of appropriations and other funds
17 available for use by the State Department of Alcohol and Drug
18 Programs in connection with any function or the administration
19 of any law transferred to the State Department of Public Health
20 pursuant to the act that enacted this section shall be available for
21 use by the State Department of Public Health for the purpose for
22 which the appropriation was originally made or the funds were
23 originally available.

24 (g) All books, documents, forms, records, data systems, and
25 property of the State Department of Alcohol and Drug Programs
26 with respect to the transfer of duties, powers, purposes, functions,
27 responsibilities, and jurisdiction made pursuant to this section
28 shall be transferred to the State Department of Public Health.

29 (h) Positions filled by appointment by the Governor in the State
30 Department of Alcohol and Drug Programs whose principal
31 assignment was to perform functions transferred pursuant to this
32 section shall be transferred to the State Department of Public
33 Health. All employees serving in state civil service, other than
34 temporary employees, who are engaged in the performance of
35 functions transferred pursuant to this section, are transferred to
36 the State Department of Public Health pursuant to the provisions
37 of Section 19050.9 of the Government Code. The status, positions,
38 and rights of those persons shall not be affected by their transfer
39 and shall continue to be retained by them pursuant to the State
40 Civil Service Act (Part 2 (commencing with Section 18500) of

Division 5 of Title 2 of the Government Code), except as to positions the duties of which are vested in a position exempt from civil service. The personnel records of all employees transferred pursuant to this section shall be transferred to the State Department of Public Health.

(i) Any regulation, order, or other action adopted, prescribed, taken, or performed by an agency or officer in the administration of a program or the performance of a duty, power, purpose, function, or responsibility pursuant to the Office of Problem and Pathological Gambling (Chapter 8 (commencing with Section 4369) of Part 3 of Division 4 of the Welfare and Institutions Code) and the Gambling Addiction Program Fund (Article 12 (commencing with Section 19950) of Chapter 5 of Division 8 of the Business and Professions Code) in effect prior to July 1, 2013, shall remain in effect unless or until amended, readopted, or repealed, or until they expire by their own terms, and shall be deemed to be a regulation or action of the agency to which or officer to whom the program, duty, power, purpose, function, responsibility, or jurisdiction is assigned pursuant to this section.

(j) No suit, action, or other proceeding lawfully commenced by or against any agency or other officer of the state, in relation to the administration of any program or the discharge of any duty, power, purpose, function, or responsibility transferred pursuant to this section, shall abate by reason of the transfer of the program, duty, power, purpose, function, or responsibility under this section.

SEC. 75. Section 12693.68 of the Insurance Code is amended to read:

*12693.68. The board shall encourage all plans, including those receiving purchasing credits, that provide services under the program to have viable protocols for screening and referring children needing supplemental services outside of the scope of the screening, preventive, and medically necessary and therapeutic services covered by the contract to public programs providing such supplemental services for which they may be eligible, as well as for coordination of care between the plan and the public programs. The public programs for which plans may be required to develop screening, referral, and care coordination protocols may include the California Children's Services Program, the regional centers, county mental health programs, *substance use disorder* programs administered by the State Department of ~~Alcohol and Drug~~*

1 ~~Programs, Health Care Services~~, and programs administered by
2 local education agencies.

3 *SEC. 76. Section 12693.95 of the Insurance Code is amended*
4 *to read:*

5 12693.95. (a) The board in consultation with the Department
6 of Alcohol and Drug Programs shall provide the Legislature by
7 April 15, 1998, a proposal assessing the viability of providing
8 additional drug and alcohol treatment services for children enrolled
9 in the program.

10 If the board determines that it is feasible to provide additional
11 federal funds received pursuant to Title XXI (commencing with
12 Section 2101) of the Social Security Act to counties to finance
13 drug and alcohol services and required federal approval is obtained,
14 the board shall negotiate with participating health plans to establish
15 memoranda of understanding between plans and counties to
16 facilitate referral of children in need of these services.

17 (b) Based on the April 15, 1998, report by the board to the
18 Legislature, the Legislature finds and declares that there is a
19 statewide gap in publicly funded alcohol and other drug treatment
20 for adolescents which is significant and systemic.

21 (1) Therefore, the ~~State Department of Alcohol and Drug~~
22 ~~Programs, Health Care Services~~, in cooperation with the board,
23 shall do the following:

24 (A) Review capacity needs for the Healthy Families Program
25 target group after year one data has been collected and an
26 assessment of the adequacy of the benefit can be made.

27 (B) Request that counties provide data on the number of
28 adolescents requesting alcohol and other drug treatment and
29 whether they are participating in the Healthy Families Program.

30 (2) The board shall do the following:

31 (A) Request the participating health plans to voluntarily collect
32 data, as prescribed by the board, on the number of children needing
33 services that exceed the substance abuse benefit in their plan.

34 (B) Upon contract renewal, require participating health plans
35 to collect and report the data.

36 (C) By September 1, 1999, provide the policy and fiscal
37 committees of the Legislature with an analysis of the data obtained
38 by the Department of Alcohol and Drug Programs and from the
39 participating health plans.

40 *SEC. 77. Section 1174.2 of the Penal Code is amended to read:*

1 1174.2. (a) Notwithstanding any other law, the unencumbered
2 balance of Item 5240-311-751 of Section 2 of the Budget Act of
3 1990 shall revert to the unappropriated surplus of the 1990 Prison
4 Construction Fund. The sum of fifteen million dollars
5 (\$15,000,000) is hereby appropriated to the Department of
6 Corrections from the 1990 Prison Construction Fund for site
7 acquisition, site studies, environmental studies, master planning,
8 architectural programming, schematics, preliminary plans, working
9 drawings, construction, and long lead and equipment items for the
10 purpose of constructing facilities for pregnant and parenting
11 women's alternative sentencing programs. These funds shall not
12 be expended for any operating costs, including those costs
13 reimbursed by the department pursuant to subdivision (c) of Section
14 1174.3. Funds not expended pursuant to this chapter shall be used
15 for planning, construction, renovation, or remodeling by, or under
16 the supervision of, the Department of Corrections and
17 Rehabilitation, of community-based facilities for programs
18 designed to reduce drug use and recidivism, including, but not
19 limited to, restitution centers, facilities for the incarceration and
20 rehabilitation of drug offenders, multipurpose correctional centers,
21 and centers for intensive programs for parolees. These funds shall
22 not be expended until legislation authorizing the establishment of
23 these programs is enacted. If the Legislature finds that the
24 Department of Corrections and Rehabilitation has made a good
25 faith effort to site community-based facilities, but funds designated
26 for these community-based facilities are unexpended as of January
27 1, 1998, the Legislature may appropriate these funds for other
28 Level I housing.

29 (b) The Department of Corrections and Rehabilitation shall
30 purchase, design, construct, and renovate facilities in counties or
31 multicounty areas with a population of more than 450,000 people
32 pursuant to this chapter. The department shall target for selection,
33 among other counties, Los Angeles County, San Diego County,
34 and a bay area, central valley, and an inland empire county as
35 determined by the Secretary of the Department of Corrections and
36 Rehabilitation. The department, in consultation with the State
37 Department of ~~Alcohol and Drug Programs~~, *Health Care Services*,
38 shall design core alcohol and drug treatment programs, with
39 specific requirements and standards. Residential facilities shall be
40 licensed by the State Department of ~~Alcohol and Drug Programs~~

1 *Health Care Services* in accordance with provisions of the Health
2 and Safety Code governing licensure of alcoholism or drug abuse
3 recovery or treatment facilities. Residential and nonresidential
4 programs shall be certified by the State Department of ~~Alcohol~~
5 ~~and Drug Programs~~ *Health Care Services* as meeting its standards
6 for perinatal services. Funds shall be awarded to selected agency
7 service providers based upon all of the following criteria and
8 procedures:

9 (1) A demonstrated ability to provide comprehensive services
10 to pregnant women or women with children who are substance
11 abusers consistent with this chapter. Criteria shall include, but not
12 be limited to, each of the following:

13 (A) The success records of the types of programs proposed
14 based upon standards for successful programs.

15 (B) Expertise and actual experience of persons who will be in
16 charge of the proposed program.

17 (C) Cost-effectiveness, including the costs per client served.

18 (D) A demonstrated ability to implement a program as
19 expeditiously as possible.

20 (E) An ability to accept referrals and participate in a process
21 with the probation department determining eligible candidates for
22 the program.

23 (F) A demonstrated ability to seek and obtain supplemental
24 funding as required in support of the overall administration of this
25 facility from any county, state, or federal source that may serve to
26 support this program, including the State Department of ~~Alcohol~~
27 ~~and Drug Programs~~, *Health Care Services*, the ~~California Office~~
28 ~~of Emergency Management Agency Services~~, the State Department
29 of Social Services, the State Department of State Hospitals, or any
30 county public health department. In addition, the agency shall also
31 attempt to secure other available funding from all county, state,
32 or federal sources for program implementation.

33 (G) An ability to provide intensive supervision of the program
34 participants to ensure complete daily programming.

35 (2) Staff from the department shall be available to selected
36 agencies for consultation and technical services in preparation and
37 implementation of the selected proposals.

38 (3) The department shall consult with existing program operators
39 that are then currently delivering similar program services, the
40 State Department of ~~Alcohol and Drug Programs~~, *Health Care*

1 *Services*, and others it may identify in the development of the
2 program.

3 (4) Funds shall be made available by the department to the
4 agencies selected to administer the operation of this program.

5 (5) Agencies shall demonstrate an ability to provide offenders
6 a continuing supportive network of outpatient drug treatment and
7 other services upon the women's completion of the program and
8 reintegration into the community.

9 (6) The department may propose any variation of types and
10 sizes of facilities to carry out the purposes of this chapter.

11 (7) The department shall secure all other available funding for
12 its eligible population from all county, state, or federal sources.

13 (8) Each program proposal shall include a plan for the required
14 12-month residential program, plus a 12-month outpatient
15 transitional services program to be completed by participating
16 women and children.

17 *SEC. 78. Section 1463.16 of the Penal Code is amended to*
18 *read:*

19 1463.16. (a) Notwithstanding Section 1203.1 or 1463, fifty
20 dollars (\$50) of each fine collected for each conviction of a
21 violation of Section 23103, 23104, 23105, 23152, or 23153 of the
22 Vehicle Code shall be deposited with the county treasurer in a
23 special account for exclusive allocation by the county for the
24 county's alcoholism program, with approval of the board of
25 supervisors, for alcohol programs and services for the general
26 population. These funds shall be allocated through the local
27 planning process ~~pursuant to specific provision in and expenditures~~
28 ~~reported to the county alcohol program plan that is submitted State~~
29 ~~Department of Health Care Services pursuant to the State~~
30 ~~Department of Alcohol subdivision (c) of Section 11798.2 and~~
31 ~~Drug Programs subdivision (a) of Section 11818.5 of the Health~~
32 ~~and Safety Code.~~ Programs shall be certified by the State
33 Department of Alcohol and Drug Programs Health Care Services
34 or have made application for certification to be eligible for funding
35 under this section. The county shall implement the intent and
36 procedures of subdivision (b) of Section 11812 of the Health and
37 Safety Code while distributing funds under this section.

38 (b) In a county of the 1st, 2nd, 3rd, 15th, 19th, 20th, or 24th
39 class, notwithstanding Section 1463, of the moneys deposited with
40 the county treasurer pursuant to Section 1463, fifty dollars (\$50)

1 for each conviction of a violation of Section 23103, 23104, 23105,
2 23152, or 23153 of the Vehicle Code shall be deposited in a special
3 account for exclusive allocation by the administrator of the
4 county's alcoholism program, with approval of the board of
5 supervisors, for alcohol programs and services for the general
6 population. These funds shall be allocated through the local
7 planning process ~~pursuant and expenditures reported to a specific~~
8 ~~provision in the county plan that is submitted to the State~~
9 ~~Department of Alcohol State Department of Health Care Services~~
10 ~~pursuant to subdivision (c) of Section 11798.2 and Drug Programs.~~
11 ~~subdivision (a) of Section 11818.5 of the Health and Safety Code.~~

12 For those services for which standards have been developed and
13 certification is available, programs shall be certified by the State
14 Department of ~~Alcohol and Drug Programs~~ *Health Care Services*
15 or shall apply for certification to be eligible for funding under this
16 section. The county alcohol administrator shall implement the
17 intent and procedures of subdivision (b) of Section 11812 of the
18 Health and Safety Code while distributing funds under this section.

19 (c) The Board of Supervisors of Contra Costa County may, by
20 resolution, authorize the imposition of a fifty dollar (\$50)
21 assessment by the court upon each defendant convicted of a
22 violation of Section 23152 or 23153 of the Vehicle Code for
23 deposit in the account from which the fifty dollar (\$50) distribution
24 specified in subdivision (a) is deducted.

25 (d) It is the specific intent of the Legislature that funds expended
26 under this part shall be used for ongoing alcoholism program
27 services as well as for contracts with private nonprofit
28 organizations to upgrade facilities to meet state certification and
29 state licensing standards and federal nondiscrimination regulations
30 relating to accessibility for handicapped persons.

31 (e) Counties may retain up to 5 percent of the funds collected
32 to offset administrative costs of collection and disbursement.

33 *SEC. 79. Section 6140 of the Penal Code is amended to read:*
34 6140. There is in the Office of the Inspector General the
35 California Rehabilitation Oversight Board (C-ROB). The board
36 shall consist of the 11 members as follows:

37 (a) The Inspector General, who shall serve as chair.

38 (b) The Secretary of the Department of Corrections and
39 Rehabilitation.

1 (c) The Superintendent of Public Instruction, or his or her
2 designee.

3 (d) The Chancellor of the California Community Colleges, or
4 his or her designee.

5 (e) The Director of ~~the State Department of Alcohol and Drug~~
6 ~~Programs~~, *Health Care Services*, or his or her designee.

7 (f) The Director of ~~Mental Health~~, *State Hospitals*, or his or her
8 designee.

9 (g) A faculty member of the University of California who has
10 expertise in rehabilitation of criminal offenders, appointed by the
11 President of the University of California.

12 (h) A faculty member of the California State University, who
13 has expertise in rehabilitation of criminal offenders, appointed by
14 the Chancellor of the California State University.

15 (i) A county sheriff, appointed by the Governor.

16 (j) A county chief probation officer, appointed by the Senate
17 Committee on Rules.

18 (k) A local government official who provides mental health,
19 substance abuse, or educational services to criminal offenders,
20 appointed by the Speaker of the Assembly.

21 *SEC. 80. Section 6241 of the Penal Code is amended to read:*

22 6241. (a) The Substance Abuse Community Correctional
23 Detention Centers Fund is hereby created within the State Treasury.
24 The Board of Corrections is authorized to provide funds, as
25 appropriated by the Legislature, for the purpose of establishing
26 substance abuse community correctional detention centers. These
27 facilities shall be operated locally in order to manage parole
28 violators, those select individuals sentenced to state prison for
29 short periods of time, and other sentenced local offenders with a
30 known history of substance abuse, and as further defined by this
31 chapter.

32 (b) The facilities constructed with funds disbursed pursuant to
33 this chapter in a county shall contain no less than 50 percent of
34 total beds for use by the Department of Corrections and
35 Rehabilitation.

36 (1) Upon agreement, the county and the department may
37 negotiate any other mix of state and local bed space, providing the
38 state's proportionate share shall not be less than 50 percent in the
39 portion of the facilities financed through state funding.

(2) Nothing in this chapter shall prohibit the county from using county funds or nonrestricted jail bond funds to build and operate additional facilities in conjunction with the centers provided for in this chapter.

(c) Thirty million dollars (\$30,000,000) in funds shall be provided from the 1990 Prison Construction Fund and the 1990–B Prison Construction Fund, with fifteen million dollars (\$15,000,000) each from the June 1990 bond issue and the November 1990 bond issue, for construction purposes set forth in this chapter, provided that funding is appropriated in the state budget from the June and November 1990, prison bond issues for purposes of this chapter.

(d) Funds shall be awarded to counties based upon the following policies and criteria:

(1) Priority shall be given to urban counties with populations of 450,000 or more, as determined by Department of Finance figures. The board may allocate up to 10 percent of the funding to smaller counties or combinations of counties as pilot projects, if it concludes that proposals meet the requirements of this chapter, commensurate with the facilities and programming that a smaller county can provide.

(2) Upon application and submission of proposals by eligible counties, representatives of the board shall evaluate proposals and select recipients.

To help ensure that state-of-the-art drug rehabilitation and related programs are designed, implemented, and updated under this chapter, the board shall consult with not less than three authorities recognized nationwide with experience or expertise in the design or operation of successful programs in order to assist the board in all of the following:

(A) Drawing up criteria on which requests for proposals will be sought.

(B) Selecting proposals to be funded.

(C) Assisting the board in evaluation and operational problems of the programs, if those services are approved by the board.

Funding also shall be sought by the board from the federal government and private foundation sources in order to defray the costs of the board's responsibilities under this chapter.

(3) Preference shall be given to counties that can demonstrate a financial ability and commitment to operate the programs it is

1 proposing for a period of at least three years and to make
2 improvements as proposed by the department and the board.

3 (4) Applicants receiving awards under this chapter shall be
4 selected from among those deemed appropriate for funding
5 according to the criteria, policies, and procedures established by
6 the board. Criteria shall include success records of the types of
7 programs proposed based on nationwide standards for successful
8 programs, if available, expertise and hands-on experience of
9 persons who will be in charge of proposed programs,
10 cost-effectiveness, including cost per bed, speed of construction,
11 a demonstrated ability to construct the maximum number of beds
12 which shall result in an overall net increase in the number of beds
13 in the county for state and local offenders, comprehensiveness of
14 services, location, participation by private or community-based
15 organizations, and demonstrated ability to seek and obtain
16 supplemental funding as required in support of the overall
17 administration of this facility from sources such as the *State*
18 ~~Department of Alcohol and Drug Programs~~, *Health Care Services*,
19 the California Emergency Management Agency, the National
20 Institute of Corrections, the Department of Justice, and other state
21 and federal sources.

22 (5) Funds disbursed under subdivision (c) shall be used for
23 construction of substance abuse community correctional centers,
24 with a level of security in each facility commensurate with public
25 safety for the types of offenders being housed in or utilizing the
26 facilities.

27 (6) Funds disbursed under this chapter shall not be used for the
28 purchase of the site. Sites shall be provided by the county.
29 However, a participating county may negotiate with the state for
30 use of state land at nearby corrections facilities or other state
31 facilities, provided that the locations fit in with the aims of the
32 programs established by this chapter.

33 The county shall be responsible for ensuring the siting,
34 acquisition, design, and construction of the center consistent with
35 the California Environmental Quality Act pursuant to Division 13
36 (commencing with Section 21000) of the Public Resources Code.

37 (7) Staff of the department and the board, as well as persons
38 selected by the board, shall be available to counties for consultation
39 and technical services in preparation and implementation of
40 proposals accepted by the board.

1 (8) The board also shall seek advice from the *State* Department
2 of ~~Alcohol and Drug Programs~~ *Health Care Services* in exercising
3 its responsibilities under this chapter.

4 (9) Funds shall be made available to the county and county
5 agency which is selected to administer the program by the board
6 of supervisors of that county.

7 (10) Area of greatest need can be a factor considered in awarding
8 contracts to counties.

9 (11) Particular consideration shall be given to counties that can
10 demonstrate an ability to provide continuing counseling and
11 programming for offenders in programs established under this
12 chapter, once the offenders have completed the programs and have
13 returned to the community.

14 (12) A county may propose a variety of types and sizes of
15 facilities to meet the needs of its plan and to provide the services
16 for varying types of offenders to be served under this chapter.
17 Funds granted to a county may be utilized for construction of more
18 than one facility.

19 Any county wishing to use existing county-owned sites or
20 facilities may negotiate those arrangements with the Department
21 of Corrections and the Board of Corrections to meet the needs of
22 its plan.

23 *SEC. 81. Section 6242.6 of the Penal Code is amended to read:*

24 6242.6. (a) The board shall provide evaluation of the progress,
25 activities, and performance of each center and participating
26 county's progress established pursuant to this chapter and shall
27 report the findings thereon to the Legislature two years after the
28 operational onset of each facility.

29 (b) The board shall select an outside monitoring firm in
30 cooperation with the Auditor General's office, to critique and
31 evaluate the programs and their rates of success based on
32 recidivism rates, drug use, and other factors it deems appropriate.
33 Two years after the programs have begun operations, the report
34 shall be provided to the Joint Legislative Prisons Committee,
35 participating counties, the department, ~~the Department of Alcohol~~
36 ~~and Drug Programs~~, the State Department of *Health Care Services*,
37 and other sources the board deems of value. Notwithstanding
38 subdivision (k) of Section 6242, one hundred fifty thousand dollars
39 (\$150,000) is hereby appropriated from the funds disbursed under
40 this chapter from the 1990 Prison Construction Fund to the Board

1 of Corrections to be used for program evaluation under this
2 subdivision.

3 (c) The department shall be responsible for the ongoing
4 monitoring of contract compliance for state offenders placed in
5 each center.

6 *SEC. 82. Section 13510.5 of the Penal Code is amended to*
7 *read:*

8 13510.5. For the purpose of maintaining the level of
9 competence of state law enforcement officers, the commission
10 shall adopt, and may, from time to time amend, rules establishing
11 minimum standards for training of peace officers as defined in
12 Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2,
13 who are employed by any railroad company, the California State
14 Police Division, the University of California Police Department,
15 a California State University police department, the Department
16 of Alcoholic Beverage Control, the Division of Investigation of
17 the Department of Consumer Affairs, the Wildlife Protection
18 Branch of the Department of Fish and Game, the Department of
19 Forestry and Fire Protection, including the Office of the State Fire
20 Marshal, the Department of Motor Vehicles, the California Horse
21 Racing Board, the Bureau of Food and Drug, the Division of Labor
22 Law Enforcement, the Director of Parks and Recreation, the State
23 Department of Health Care Services, the Department of Toxic
24 Substances Control, the State Department of Social Services, the
25 State Department of State Hospitals, the State Department of
26 Developmental Services, ~~the State Department of Alcohol and~~
27 ~~Drug Programs~~, the Office of Statewide Health Planning and
28 Development, and the Department of Justice. All rules shall be
29 adopted and amended pursuant to Chapter 3.5 (commencing with
30 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
31 Code.

32 *SEC. 83. Section 13864 of the Penal Code is amended to read:*

33 13864. There is hereby created in the agency the
34 Comprehensive Alcohol and Drug Prevention Education
35 component of the Suppression of Drug Abuse in Schools Program
36 in public elementary schools in grades 4 to 6, inclusive.
37 Notwithstanding Section 13861 or any other provision in this code,
38 all Comprehensive Alcohol and Drug Prevention Education
39 component funds made available to the agency in accordance with
40 the Classroom Instructional Improvement and Accountability Act

1 shall be administered by and disbursed to county superintendents
2 of schools in this state by the secretary. All applications for that
3 funding shall be reviewed and evaluated by the agency, in
4 consultation with the State Department of ~~Alcohol and Drug~~
5 ~~Programs~~ *Health Care Services* and the State Department of
6 Education.

7 (a) The secretary is authorized to allocate and award funds to
8 county department superintendents of schools for allocation to
9 individual school districts or to a consortium of two or more school
10 districts. Applications funded under this section shall comply with
11 the criteria, policies, and procedures established under subdivision
12 (b) of this section.

13 (b) As a condition of eligibility for the funding described in this
14 section, the school district or consortium of school districts shall
15 have entered into an agreement with a local law enforcement
16 agency to jointly implement a comprehensive alcohol and drug
17 abuse prevention, intervention, and suppression program developed
18 by the agency, in consultation with the State Department of ~~Alcohol~~
19 ~~and Drug Programs~~ *Health Care Services* and the State Department
20 of Education, containing all of the following components:

21 (1) A standardized age-appropriate curriculum designed for
22 pupils in grades 4 to 6, inclusive, specifically tailored and sensitive
23 to the socioeconomic and ethnic characteristics of the target pupil
24 population. Although new curricula shall not be required to be
25 developed, existing curricula may be modified and adapted to meet
26 local needs. The elements of the standardized comprehensive
27 alcohol and drug prevention education program curriculum shall
28 be defined and approved by the Governor's Policy Council on
29 Drug and Alcohol Abuse, as established by Executive Order No.
30 D-70-80.

31 (2) A planning process that includes assessment of the school
32 district's characteristics, resources, and the extent of problems
33 related to juvenile drug abuse, and input from local law
34 enforcement agencies.

35 (3) A school district governing board policy that provides for
36 a coordinated intervention system that, at a minimum, includes
37 procedures for identification, intervention, and referral of at-risk
38 alcohol- and drug-involved youth, and identifies the roles and
39 responsibilities of law enforcement, school personnel, parents, and
40 pupils.

1 (4) Early intervention activities that include, but are not limited
2 to, the identification of pupils who are high risk or have chronic
3 drug abuse problems, assessment, and referral for appropriate
4 services, including ongoing support services.

5 (5) Parent education programs to initiate and maintain parental
6 involvement, with an emphasis for parents of at-risk pupils.

7 (6) Staff and in-service training programs, including both
8 indepth training for the core team involved in providing program
9 services and general awareness training for all school faculty and
10 administrative, credentialed, and noncredentialed school personnel.

11 (7) In-service training programs for local law enforcement
12 officers.

13 (8) School, law enforcement, and community involvement to
14 ensure coordination of program services. Pursuant to that
15 coordination, the school district or districts and other local agencies
16 are encouraged to use a single community advisory committee or
17 task force for drug, alcohol, and tobacco abuse prevention
18 programs, as an alternative to the creation of a separate group for
19 that purpose under each state or federally funded program.

20 (c) The application of the county superintendent of schools shall
21 be submitted to the agency. Funds made available to the agency
22 for allocation under this section are intended to enhance, but shall
23 not supplant, local funds that would, in the absence of the
24 Comprehensive Alcohol and Drug Prevention Education
25 component, be made available to prevent, intervene in, or suppress
26 drug abuse among schoolage children. For districts that are already
27 implementing a comprehensive drug abuse prevention program
28 for pupils in grades 4 to 6, inclusive, the county superintendent
29 shall propose the use of the funds for drug prevention activities in
30 school grades other than 4 to 6, inclusive, compatible with the
31 program components of this section. The expenditure of funds for
32 that alternative purpose shall be approved by the secretary.

33 (1) Unless otherwise authorized by the agency, each county
34 superintendent of schools shall be the fiscal agent for any
35 Comprehensive Alcohol and Drug Prevention Education
36 component award, and shall be responsible for ensuring that each
37 school district within that county receives the allocation prescribed
38 by the agency. Each county superintendent shall develop a
39 countywide plan that complies with program guidelines and
40 procedures established by the agency pursuant to subdivision (d).

1 A maximum of 5 percent of the county's allocation may be used
2 for administrative costs associated with the project.

3 (2) Each county superintendent of schools shall establish and
4 chair a local coordinating committee to assist the superintendent
5 in developing and implementing a countywide implementation
6 plan. This committee shall include the county drug administrator,
7 law enforcement executives, school district governing board
8 members and administrators, school faculty, parents, and drug
9 prevention and intervention program executives selected by the
10 superintendent and approved by the county board of supervisors.

11 (d) The secretary, in consultation with the State Department of
12 ~~Alcohol and Drug Programs~~ *Health Care Services* and the State
13 Department of Education, shall prepare and issue guidelines and
14 procedures for the Comprehensive Alcohol and Drug Prevention
15 Education component consistent with this section.

16 (e) The Comprehensive Alcohol and Drug Prevention Education
17 component guidelines shall set forth the terms and conditions upon
18 which the agency is prepared to award grants of funds pursuant to
19 this section. The guidelines shall not constitute rules, regulations,
20 orders, or standards of general application.

21 (f) Funds awarded under the Comprehensive Alcohol and Drug
22 Prevention Education Program shall not be subject to Section
23 10318 of the Public Contract Code.

24 (g) Funds available pursuant to Item 8100-111-001 and
25 Provision 1 of Item 8100-001-001 of the Budget Act of 1989, or
26 the successor provision of the appropriate Budget Act, shall be
27 allocated to implement this section.

28 (h) The secretary shall collaborate, to the extent possible, with
29 other state agencies that administer drug, alcohol, and tobacco
30 abuse prevention education programs to streamline and simplify
31 the process whereby local educational agencies apply for drug,
32 alcohol, and tobacco education funding under this section and
33 under other state and federal programs. The agency, the State
34 Department of ~~Alcohol and Drug Programs~~, *Health Care Services*,
35 the State Department of Education, and other state agencies, to the
36 extent possible, shall develop joint policies and collaborate
37 planning in the administration of drug, alcohol, and tobacco abuse
38 prevention education programs.

39 *SEC. 84. Section 2626.1 of the Unemployment Insurance Code*
40 *is amended to read:*

2626.1. (a) An individual who is a resident in an alcoholic recovery home pursuant to referral or recommendation by a physician shall be eligible for disability benefits for a period not in excess of 30 days in any disability benefit period while receiving resident services, if an authorized representative of the alcoholic recovery home certifies that the individual is a resident participating in an alcoholic recovery program which has been certified by the State Department of ~~Alcohol and Drug Programs~~. *Health Care Services*. The individual shall be eligible for disability benefits for an additional period not in excess of 60 days if the referring physician certifies to the need of the individual for continuing resident services.

(b) The department shall reimburse the State Department of ~~Alcohol and Drug Programs~~ *Health Care Services* from the Disability Fund, in a reasonable amount as determined by the department, for the expense of reviewing any alcoholic recovery program, as required by the department in the administration of subdivision (a) which is not funded in the county alcohol program plan provided for in Article 3 (commencing with Section 11810) or Article 4 (commencing with Section 11830) of Part 2 of Division 10.5 of the Health and Safety Code.

(c) Outside the State of California, an individual who is a resident in an alcohol recovery home pursuant to referral or recommendation by a physician shall be eligible for disability benefits for a period not in excess of 30 days in any disability benefit period while receiving resident services, if an authorized representative of the alcoholic recovery home certifies that the individual is a resident participating in an alcoholic recovery program, licensed by or satisfying a program review by the state in which the facility is located. The individual shall be eligible for disability benefits for an additional period not in excess of 60 days if the referring physician certifies to the need of the individual for continuing resident services.

SEC. 85. Section 2626.2 of the Unemployment Insurance Code is amended to read:

2626.2. (a) An individual who is a resident in a drug-free residential facility pursuant to referral or recommendation by a physician shall be eligible for disability benefits for a period not in excess of 45 days in any disability benefit period while receiving resident services, if an authorized representative of the drug-free

1 residential facility certifies that the individual is a resident
2 participating in a drug-free residential facility which has satisfied
3 a program review by the State Department of ~~Alcohol and Drug~~
4 ~~Programs~~. *Health Care Services*. The individual shall be eligible
5 for disability benefits for an additional period not in excess of 45
6 days if the referring physician certifies to the need of the individual
7 for continuing resident services.

8 (b) The department shall reimburse the State Department of
9 ~~Alcohol and Drug Programs~~ *Health Care Services* from the
10 Disability Fund, in a reasonable amount as determined by the
11 department, for the expense of reviewing any drug-free residential
12 facility, as required by the department in the administration of
13 subdivision (a), which is not funded under the federal Drug Abuse
14 Office and Treatment Act of 1972 (Public Law 92-255) or in
15 conformance with ~~Chapter 4~~ *Article 2* (commencing with Section
16 ~~41980~~ *11975*) of *Chapter 2* of Part 3 of Division 10.5 of the Health
17 and Safety Code.

18 (c) Outside the State of California, an individual who is a
19 resident in a drug-free residential facility pursuant to referral or
20 recommendation by a physician shall be eligible for disability
21 benefits for a period not in excess of 45 days in any disability
22 benefit period while receiving resident services, if an authorized
23 representative of the drug-free residential facility certifies that the
24 individual is a resident participating in a drug-free residential
25 program, licensed by or satisfying a program review by the state
26 in which the facility is located. The individual shall be eligible for
27 disability benefits for an additional period, but not in excess of 45
28 days, if the referring physician certifies to the need of the individual
29 for continuing resident services.

30 *SEC. 86. Section 13353.45 of the Vehicle Code is amended to*
31 *read:*

32 13353.45. The department shall, in consultation with the State
33 Department of ~~Alcohol and Drug Programs~~, *Health Care Services*,
34 with representatives of the county alcohol program administrators,
35 and with representatives of licensed drinking driver program
36 providers, develop a certificate of completion for the purposes of
37 Sections 13352, 13352.4, and 13352.5 and shall develop,
38 implement, and maintain a system for safeguarding the certificates
39 against misuse. The department may charge a reasonable fee for
40 each blank completion certificate distributed to a drinking driver

1 program. The fee shall be sufficient to cover, but shall not exceed,
2 the costs incurred in administering this section, Sections 13352,
3 13352.4, and 13352.5 or twelve dollars (\$12) per person, whichever
4 is less.

5 *SEC. 87. Section 23538 of the Vehicle Code is amended to*
6 *read:*

7 23538. (a) (1) If the court grants probation to person punished
8 under Section 23536, in addition to the provisions of Section 23600
9 and any other terms and conditions imposed by the court, the court
10 shall impose as a condition of probation that the person pay a fine
11 of at least three hundred ninety dollars (\$390), but not more than
12 one thousand dollars (\$1,000). The court may also impose, as a
13 condition of probation, that the person be confined in a county jail
14 for at least 48 hours, but not more than six months.

15 (2) The person's privilege to operate a motor vehicle shall be
16 suspended by the department under paragraph (1) of subdivision
17 (a) of Section 13352 or Section 13352.1. The court shall require
18 the person to surrender the driver's license to the court in
19 accordance with Section 13550.

20 (3) Whenever, when considering the circumstances taken as a
21 whole, the court determines that the person punished under this
22 section would present a traffic safety or public safety risk if
23 authorized to operate a motor vehicle during the period of
24 suspension imposed under paragraph (1) of subdivision (a) of
25 Section 13352 or Section 13352.1, the court may disallow the
26 issuance of a restricted driver's license required under Section
27 13352.4.

28 (b) In any county where the board of supervisors has approved,
29 and the State Department of ~~Alcohol and Drug Programs~~ *Health*
30 *Care Services* has licensed, a program or programs described in
31 Section 11837.3 of the Health and Safety Code, the court shall
32 also impose as a condition of probation that the driver shall enroll
33 and participate in, and successfully complete a
34 driving-under-the-influence program, licensed pursuant to Section
35 11836 of the Health and Safety Code, in the driver's county of
36 residence or employment, as designated by the court. For the
37 purposes of this subdivision, enrollment in, participation in, and
38 completion of an approved program shall be subsequent to the date
39 of the current violation. Credit may not be given for any program
40 activities completed prior to the date of the current violation.

(1) The court shall refer a first offender whose blood-alcohol concentration was less than 0.20 percent, by weight, to participate for at least three months or longer, as ordered by the court, in a licensed program that consists of at least 30 hours of program activities, including those education, group counseling, and individual interview sessions described in Chapter 9 (commencing with Section 11836) of Part 2 of Division 10.5 of the Health and Safety Code.

(2) The court shall refer a first offender whose blood-alcohol concentration was 0.20 percent or more, by weight, or who refused to take a chemical test, to participate for at least nine months or longer, as ordered by the court, in a licensed program that consists of at least 60 hours of program activities, including those education, group counseling, and individual interview sessions described in Chapter 9 (commencing with Section 11836) of Part 2 of Division 10.5 of the Health and Safety Code.

(3) The court shall advise the person at the time of sentencing that the driving privilege shall not be restored until proof satisfactory to the department of successful completion of a driving-under-the-influence program of the length required under this code that is licensed pursuant to Section 11836 of the Health and Safety Code has been received in the department's headquarters.

(c) (1) The court shall revoke the person's probation pursuant to Section 23602, except for good cause shown, for the failure to enroll in, participate in, or complete a program specified in subdivision (b).

(2) The court, in establishing reporting requirements, shall consult with the county alcohol program administrator. The county alcohol program administrator shall coordinate the reporting requirements with the department and with the State Department of ~~Alcohol and Drug Programs~~. *Health Care Services*. That reporting shall ensure that all persons who, after being ordered to attend and complete a program, may be identified for either (A) failure to enroll in, or failure to successfully complete, the program, or (B) successful completion of the program as ordered.

SEC. 88. Section 23556 of the Vehicle Code is amended to read:

23556. (a) (1) If the court grants probation to any person punished under Section 23554, in addition to the provisions of

1 Section 23600 and any other terms and conditions imposed by the
2 court, the court shall impose as a condition of probation that the
3 person be confined in the county jail for at least five days but not
4 more than one year and pay a fine of at least three hundred ninety
5 dollars (\$390) but not more than one thousand dollars (\$1,000).

6 (2) The person's privilege to operate a motor vehicle shall be
7 suspended by the department under paragraph (2) of subdivision
8 (a) of Section 13352. The court shall require the person to surrender
9 the driver's license to the court in accordance with Section 13550.

10 (b) (1) In a county where the county alcohol program
11 administrator has certified, and the board of supervisors has
12 approved, a program or programs, the court shall also impose as
13 a condition of probation that the driver shall participate in, and
14 successfully complete, an alcohol and other drug education and
15 counseling program, established pursuant to Section 11837.3 of
16 the Health and Safety Code, as designated by the court.

17 (2) In any county where the board of supervisors has approved
18 and the State Department of ~~Alcohol and Drug Programs~~ *Health*
19 *Care Services* has licensed an alcohol and other drug education
20 and counseling program, the court shall also impose as a condition
21 of probation that the driver enroll in, participate in, and successfully
22 complete, a driving-under-the-influence program licensed pursuant
23 to Section 11836 of the Health and Safety Code, in the driver's
24 county of residence or employment, as designated by the court.
25 For the purposes of this paragraph, enrollment in, participation in,
26 and completion of, an approved program shall be subsequent to
27 the date of the current violation. Credit may not be given to any
28 program activities completed prior to the date of the current
29 violation.

30 (3) The court shall refer a first offender whose blood-alcohol
31 concentration was less than 0.20 percent, by weight, to participate
32 for three months or longer, as ordered by the court, in a licensed
33 program that consists of at least 30 hours of program activities,
34 including those education, group counseling, and individual
35 interview sessions described in Chapter 9 (commencing with
36 Section 11836) of Part 2 of Division 10.5 of the Health and Safety
37 Code.

38 (4) The court shall refer a first offender whose blood-alcohol
39 concentration was 0.20 percent or more, by weight, or who refused
40 to take a chemical test, to participate for nine months or longer,

1 as ordered by the court, in a licensed program that consists of at
2 least 60 hours of program activities, including those education,
3 group counseling, and individual interview sessions described in
4 Chapter 9 (commencing with Section 11836) of Part 2 of Division
5 10.5 of the Health and Safety Code.

6 (c) (1) The court shall revoke the person's probation pursuant
7 to Section 23602, except for good cause shown, for the failure to
8 enroll in, participate in, or complete a program specified in
9 subdivision (b).

10 (2) The court, in establishing reporting requirements, shall
11 consult with the county alcohol program administrator. The county
12 alcohol program administrator shall coordinate the reporting
13 requirements with the department and with the *State Department*
14 ~~of Alcohol and Drug Programs, Health Care Services~~. That
15 reporting shall ensure that all persons who, after being ordered to
16 attend and complete a program, may be identified for either (A)
17 failure to enroll in, or failure to successfully complete, the program,
18 or (B) successful completion of the program as ordered.

19 (d) The court shall advise the person at the time of sentencing
20 that the driving privilege shall not be restored until the person has
21 provided proof satisfactory to the department of successful
22 completion of a driving-under-the-influence program of the length
23 required under this code that is licensed pursuant to Section 11836
24 of the Health and Safety Code.

25 (e) This section shall become operative on September 20, 2005.

26 *SEC. 89. Section 23646 of the Vehicle Code is amended to*
27 *read:*

28 23646. (a) Each county alcohol program administrator or the
29 administrator's designee shall develop, implement, operate, and
30 administer an alcohol and drug problem assessment program
31 pursuant to this article for each person described in subdivision
32 (b). The alcohol and drug problem assessment program may include
33 a referral and client tracking component.

34 (b) (1) The court shall order a person to participate in an alcohol
35 and drug problem assessment program pursuant to this section and
36 Sections 23647 to 23649, inclusive, and the related regulations of
37 the *State Department of Alcohol and Drug Programs, Health Care*
38 *Services*, if the person was convicted of a violation of Section
39 23152 or 23153 that occurred within 10 years of a separate
40 violation of Section 23152 or 23153 that resulted in a conviction.

1 (2) A court may order a person convicted of a violation of
2 Section 23152 or 23153 to attend an alcohol and drug problem
3 assessment program pursuant to this article.

4 (3) (A) The court shall order a person convicted of a violation
5 of Section 23152 or 23153 who has previously been convicted of
6 a violation of Section 23152 or 23153 that occurred more than 10
7 years ago, or has been previously convicted of a violation of
8 subdivision (f) of Section 647 of the Penal Code, to attend and
9 complete an alcohol and drug problem assessment program under
10 this article. In order to determine whether a previous conviction
11 for a violation occurring more than 10 years ago exists, the court
12 shall rely on state summary criminal history information, local
13 summary history information, or records made available to the
14 judge through the district attorney.

15 (B) If the program assessment recommends additional treatment,
16 the court may order a person sentenced under either Section 23538
17 or 23556 to enroll, participate, and complete either of the programs
18 described under paragraph (4) of subdivision (b) of Section 23542.

19 (c) The State Department of ~~Alcohol and Drug Programs~~ *Health*
20 *Care Services* shall establish minimum specifications for alcohol
21 and other drug problem assessments and reports.

22 *SEC. 90. Section 2100 of the Welfare and Institutions Code is*
23 *amended to read:*

24 2100. (a) The Legislature finds and declares that California's
25 children are growing up under conditions of great stress that are
26 resulting in devastating effects on their development and
27 well-being. Structural changes in society, including the breakdown
28 in the traditional family and erosion of neighborhood community
29 support networks, have taken a toll on their welfare, self-esteem,
30 and academic achievement. While youth struggle with many
31 difficulties, four risk factors stand out: academic failure, substance
32 abuse, involvement in the criminal justice system, and teen
33 pregnancy. To address these challenges, the State of California
34 recognizes quality mentoring as a critical prevention strategy, not
35 as a panacea for the aforementioned problems, but as a
36 cost-effective method of assisting today's youth to become
37 productive, contributing members of society, and as an important
38 source of data for improving the quality of all relationships between
39 youth and adults. Research finds that without the caring support,
40 counsel, and role modeling of more experienced individuals or

1 exposure to natural support networks, young people are much more
2 vulnerable to the destructive forces of apathy, abuse, and neglect.
3 As we acknowledge the increasing numbers of children who do
4 not have the benefit of positive relationships, there has been an
5 increasing recognition of the value of mentoring, an activity that
6 connects a caring and more experienced person with a young
7 person who is in need of attention and support. As a means of
8 maximizing public resources, mentoring is both efficient and
9 effective, relying on volunteers as the core service providers to
10 create collateral improvements in the lives of youth. The public
11 investment in the prevention strategy of mentoring has inspired
12 significant private support at the local level. Mentoring principles
13 may also be used to create mentor-rich environments wherever
14 youth and adults interact on a regular basis, thereby effectively
15 expanding the world of positive adult contacts for youth in their
16 natural environments.

17 (b) The complexities of supporting mentoring organizations and
18 promoting the formation of positive developmental relationships
19 wherever young people and adults interact requires the coordinated
20 and sustained support of many private and public sector
21 organizations to ensure that their services are available to all young
22 persons who wish to have a mentor. To meet the needs of each
23 young person, mentor services should be available in communities
24 throughout California and mentor-rich environments should be
25 created wherever young people and adults interact on a regular
26 basis. Mentor programs should be culturally and linguistically
27 competent and should embrace the rich diversity of the state. It is
28 the intent of the Legislature and the purpose of this chapter to
29 foster a partnership between the public and private sector for the
30 long-term support of quality mentor programs and mentor-rich
31 environments in which young people can interact on a regular basis
32 with an array of caring adults.

33 (c) Mentoring California's youth has been carried on by
34 thousands of dedicated volunteers through local mentor
35 organizations and with the very significant contributions of the
36 business community in both time and money. State and local
37 government agencies also operate mentor programs. However, the
38 need far outweighs the current resources. The valuable potential
39 services of many caring adults and older youth continue to go
40 untapped while the waiting list of children in need continues to

1 grow, and distant youth-adult relationships continue to exist where
2 developmental youth-adult relationships could flourish.

3 *(d) This section shall become inoperative on July 1, 2013.*

4 *SEC. 91. Section 2104 of the Welfare and Institutions Code is*
5 *amended to read:*

6 2104. For purposes of this chapter, the following definitions
7 apply:

8 (a) “At-risk youth” means an individual under 21 years of age
9 whose environment increases their chance of academic failure,
10 alcohol and other drug use, involvement in the criminal justice
11 system, or teen pregnancy.

12 (b) “Mentoring” means a relationship over a period of time in
13 which caring and concerned adults and older youth provide support,
14 guidance, and help to younger at-risk persons as they go through
15 life.

16 (c) “Mentor-rich environments” are environments that create
17 many opportunities for young people to interact with an array of
18 caring adults and where youth feel respected, connected, and
19 affirmed.

20 *(d) This section shall become inoperative on July 1, 2013.*

21 *SEC. 92. Section 2106 of the Welfare and Institutions Code is*
22 *amended to read:*

23 2106. It is the intent of the Legislature that all youth mentoring
24 programs shall be afforded all of the following:

25 (a) The adoption of quality assurance standards by school- and
26 community-based mentor programs.

27 (b) The provision of mentor program technical assistance.

28 (c) The provision of technical assistance to any organization
29 that wishes to improve youth-adult relationships.

30 (d) The provision of a mentor program clearinghouse and library
31 service.

32 (e) The preparation and periodic updating of a statewide
33 directory of mentor program services.

34 (f) The provision of mentor program referrals to the general
35 public.

36 (g) The coordination of the state employee mentor recruitment
37 campaign.

38 (h) The development of a coordinated and coherent reporting
39 form and requirements.

(i) (1) In order to obtain funding appropriated by the Legislature, mentor programs shall have adopted the California Mentor Initiative Quality Assurance Standards and shall provide data regarding mentee outcomes as requested by the state funding agencies consistent with subdivision (h).

(2) Adopted in 1997, the Quality Assurance Standards can be found in the State Department of Alcohol and Drug Programs Publication Number 99-1121. The requirements of these standards are summarized as follows:

(A) A statement of purpose and a long-range plan.
(B) A recruitment plan for both mentors and mentees.
(C) An orientation for mentors and mentees.
(D) Eligibility screening for mentors and mentees.
(E) A readiness and training curriculum for all mentors and mentees.

(F) A strategy that matches the provider program's purpose.

(G) A monitoring program that includes ongoing assessment.

(H) A support, recognition, and retention component, including ongoing peer support, training, and development.

(I) Closure steps that include confidential exit interviews.

(J) An evaluation process based on an outcome analysis of the mentor program, program criteria, and statement of purpose.

(j) *This section shall become inoperative on July 1, 2013.*

SEC. 93. Section 4024.5 of the Welfare and Institutions Code is repealed.

~~4024.5. (a) The State Department of Mental Health and the State Department of Alcohol and Drug Programs, jointly, shall develop a plan, by July 1, 1994, to appropriately combine funding from both departments for the treatment of persons with multiple diagnoses.~~

~~(b) For purposes of this section, "multiple diagnoses" means diagnoses of chronic mental illness together with substance abuse of either illegal or legal drugs, including alcohol, or both.~~

SEC. 94. Section 4042 of the Welfare and Institutions Code is amended to read:

4042. The State Department of State Hospitals shall cooperate and coordinate with other state and local agencies engaged in research and evaluation studies. Effort shall be made to coordinate with research, evaluation, and demonstration efforts of local mental health programs, state hospitals serving the mentally disordered,

1 the Department of Rehabilitation, ~~the State Department of Alcohol~~
 2 ~~and Drug Programs~~, the State Department of Developmental
 3 Services, the State Department of Health Care Services,
 4 universities, and other special projects conducted or contracted for
 5 by the State Department of State Hospitals.

6 *SEC. 95. Section 4367.5 of the Welfare and Institutions Code*
 7 *is amended to read:*

8 4367.5. The director shall establish criteria for client eligibility,
 9 including financial liability, pursuant to Section 4368. However,
 10 persons eligible for services provided by regional centers or the
 11 State Department of Developmental Services are not eligible for
 12 services provided under this chapter. Income shall not be the sole
 13 basis for client eligibility. The director shall assume responsibility
 14 for the coordination of existing funds and services for
 15 brain-impaired adults, and for the purchase of respite care, as
 16 defined in subdivision (c) of Section 4362.5, with other
 17 departments that may serve brain-impaired adults, including the
 18 Department of Rehabilitation, the State Department of Social
 19 Services, the State Department of Developmental Services, the
 20 Department of Aging, *and the Office of Statewide Health Planning*
 21 ~~and Development, and the State Department of Alcohol and Drug~~
 22 ~~Programs. Development.~~

23 *SEC. 96. Section 4368.5 of the Welfare and Institutions Code*
 24 *is amended to read:*

25 4368.5. In considering total service funds available for the
 26 project, the director shall utilize funding available from appropriate
 27 state departments, including, but not limited to: the State
 28 Department of Social Services, the Department of Rehabilitation,
 29 *and the California Department of Aging, and the State Department*
 30 ~~of Alcohol and Drug Programs. Aging.~~ The director in conjunction
 31 with the Statewide Resources Consultant shall coordinate his or
 32 her activities with the implementation of the Torres-Felando
 33 Long-Term Care Reform Act (Chapter 1453, Statutes of 1982) in
 34 order to further the goal of obtaining comprehensive, coordinated
 35 public policy and to maximize the availability of funding for
 36 programs and services for persons with brain impairments.

37 *SEC. 97. Section 4369 of the Welfare and Institutions Code is*
 38 *amended to read:*

1 4369. There is within the State Department of ~~Alcohol and~~
2 ~~Drug Programs~~, *Public Health*, the Office of Problem and
3 Pathological Gambling.

4 *SEC. 98. Section 4369.1 of the Welfare and Institutions Code*
5 *is amended to read:*

6 4369.1. As used in this chapter, the following definitions shall
7 apply:

8 (a) “Department” means the State Department of ~~Alcohol and~~
9 ~~Drug Programs~~, *Public Health*.

10 (b) “Office” means the Office of Problem and Pathological
11 Gambling.

12 (c) “Pathological gambling disorder” means a progressive mental
13 disorder meeting the diagnostic criteria set forth by the American
14 Psychiatric Association’s Diagnostic and Statistical Manual, Fourth
15 Edition.

16 (d) “Problem gambling” means participation in any form of
17 gambling to the extent that it creates a negative consequence to
18 the gambler, the gambler’s family, place of employment, or
19 community. This includes patterns of gambling and subsequent
20 related behaviors that compromise, disrupt, or damage personal,
21 family, educational, financial, or vocational interests. The problem
22 gambler does not meet the diagnostic criteria for pathological
23 gambling disorder.

24 (e) “Problem gambling prevention programs” means programs
25 designed to reduce the prevalence of problem and pathological
26 gambling among California residents. These programs shall
27 include, but are not limited to, public education and awareness,
28 outreach to high-risk populations, early identification and
29 responsible gambling programs.

30 *SEC. 99. Section 4369.4 of the Welfare and Institutions Code*
31 *is amended to read:*

32 4369.4. All state agencies, including, but not limited to, the
33 California Horse Racing Board, the California Gambling Control
34 Commission, the Department of Justice, and any other agency that
35 regulates casino gambling or cardrooms within the state, and the
36 Department of Corrections and Rehabilitation, the State Department
37 of ~~Alcohol and Drug Programs~~, *Public Health*, the State
38 Department of Health Care Services, and the California State
39 Lottery, shall coordinate with the office to ensure that state
40 programs take into account, as much as practicable, problem and

1 pathological gamblers. The office shall also coordinate and work
2 with other entities involved in gambling and the treatment of
3 problem and pathological gamblers.

4 *SEC. 100. Section 4369.5 is added to the Welfare and*
5 *Institutions Code, to read:*

6 *4369.5. (a) It is the intent of the Legislature that the Office of*
7 *Problem and Pathological Gambling establish and maintain*
8 *ongoing venues for system stakeholders to provide input into public*
9 *policy issues related to problem gambling, including, but not*
10 *limited to, consumers of services and their families, providers of*
11 *services and supports, and county representatives. It is further the*
12 *intent of the Legislature that the Office of Problem and*
13 *Pathological Gambling shall have input into policy discussions*
14 *at the State Department of Public Health and at the California*
15 *Health and Human Services Agency, when appropriate.*

16 *(b) It is the intent of the Legislature to ensure that the impacts*
17 *of the transition of the Office of Problem and Pathological*
18 *Gambling from the State Department of Alcohol and Drug*
19 *Programs to the State Department of Public Health are identified*
20 *and evaluated, initially and over time. It is further the intent of the*
21 *Legislature to establish a baseline for evaluating, on an ongoing*
22 *basis, how and why services provided and overseen by the Office*
23 *of Problem and Pathological Gambling were improved, or*
24 *otherwise changed, as a result of this transition.*

25 *(c) By April 1, 2014, and March 1 annually thereafter, the State*
26 *Department of Public Health shall report to the Joint Legislative*
27 *Budget Committee and the appropriate budget subcommittees and*
28 *policy committees of the Legislature, and publicly post a report*
29 *on the Office of Problem and Pathological Gambling on its Internet*
30 *Web site.*

31 *(1) The report shall contain all of the following:*

32 *(A) A description of education and outreach activities related*
33 *to the prevention program and how the Office of Problem and*
34 *Pathological Gambling establishes linkages with State Department*
35 *of Public Health partners, including local health officers and other*
36 *relevant entities, in order to increase awareness of, and provide*
37 *input to, the Office of Problem and Pathological Gambling, and*
38 *how stakeholder involvement was changed, maintained, or*
39 *enhanced after the transition.*

1 (B) Beginning in the 2012–13 fiscal year, a description of
2 year-over-year changes in the following: access to services,
3 demographics of people served, the number of providers, and
4 treatment program outcomes. The description of access to services
5 shall include, but not be limited to, information regarding
6 utilization of services and waiting lists for services. The description
7 of providers shall include, but not be limited to, types and numbers
8 of providers, including problem gambling counselors, training
9 protocols for providers, and workforce trends. The description of
10 demographics of people served shall include, but not be limited
11 to, age, sex, ethnicity, economic status, and geographic regions.
12 The description of treatment program outcomes shall include, but
13 not be limited to, participation levels in programs, recidivism rates,
14 and quality of life measures.

15 (2) By November 30, 2013, the State Department of Public
16 Health shall consult with legislative staff and with system
17 stakeholders, including county representatives, to develop a
18 reporting format consistent with the Legislature’s desired level of
19 outcome and reporting detail.

20 (d) This section shall become inoperative on July 1, 2018, and,
21 as of January 1, 2019, is repealed, unless a later enacted statute,
22 that becomes operative on or before January 1, 2019, deletes or
23 extends the dates on which it becomes inoperative and is repealed.

24 SEC. 101. Section 5814 of the Welfare and Institutions Code
25 is amended to read:

26 5814. (a) (1) This part shall be implemented only to the extent
27 that funds are appropriated for purposes of this part. To the extent
28 that funds are made available, the first priority shall go to maintain
29 funding for the existing programs that meet adult system of care
30 contract goals. The next priority for funding shall be given to
31 counties with a high incidence of persons who are severely
32 mentally ill and homeless or at risk of homelessness, and meet the
33 criteria developed pursuant to paragraphs (3) and (4).

34 (2) The Director of Health Care Services shall establish a
35 methodology for awarding grants under this part consistent with
36 the legislative intent expressed in Section 5802, and in consultation
37 with the advisory committee established in this subdivision.

38 (3) (A) The Director of Health Care Services shall establish an
39 advisory committee for the purpose of providing advice regarding
40 the development of criteria for the award of grants, and the

1 identification of specific performance measures for evaluating the
2 effectiveness of grants. The committee shall review evaluation
3 reports and make findings on evidence-based best practices and
4 recommendations for grant conditions. At not less than one meeting
5 annually, the advisory committee shall provide to the director
6 written comments on the performance of each of the county
7 programs. Upon request by the department, each participating
8 county that is the subject of a comment shall provide a written
9 response to the comment. The department shall comment on each
10 of these responses at a subsequent meeting.

11 (B) The committee shall include, but not be limited to,
12 representatives from state, county, and community veterans'
13 services and disabled veterans outreach programs, supportive
14 housing and other housing assistance programs, law enforcement,
15 county mental health and private providers of local mental health
16 services and mental health outreach services, the Department of
17 Corrections and Rehabilitation, ~~the State Department of Alcohol~~
18 ~~and Drug Programs~~, local substance abuse services providers, the
19 Department of Rehabilitation, providers of local employment
20 services, the State Department of Social Services, the Department
21 of Housing and Community Development, a service provider to
22 transition youth, the United Advocates for Children of California,
23 the California Mental Health Advocates for Children and Youth,
24 the Mental Health Association of California, the California Alliance
25 for the Mentally Ill, the California Network of Mental Health
26 Clients, the California Mental Health Planning Council, the Mental
27 Health Services Oversight and Accountability Commission, and
28 other appropriate entities.

29 (4) The criteria for the award of grants shall include, but not be
30 limited to, all of the following:

31 (A) A description of a comprehensive strategic plan for
32 providing outreach, prevention, intervention, and evaluation in a
33 cost appropriate manner corresponding to the criteria specified in
34 subdivision (c).

35 (B) A description of the local population to be served, ability
36 to administer an effective service program, and the degree to which
37 local agencies and advocates will support and collaborate with
38 program efforts.

1 (C) A description of efforts to maximize the use of other state,
2 federal, and local funds or services that can support and enhance
3 the effectiveness of these programs.

4 (5) In order to reduce the cost of providing supportive housing
5 for clients, counties that receive a grant pursuant to this part after
6 January 1, 2004, shall enter into contracts with sponsors of
7 supportive housing projects to the greatest extent possible.
8 Participating counties are encouraged to commit a portion of their
9 grants to rental assistance for a specified number of housing units
10 in exchange for the counties' clients having the right of first refusal
11 to rent the assisted units.

12 (b) In each year in which additional funding is provided by the
13 annual Budget Act the State Department of Health Care Services
14 shall establish programs that offer individual counties sufficient
15 funds to comprehensively serve severely mentally ill adults who
16 are homeless, recently released from a county jail or the state
17 prison, or others who are untreated, unstable, and at significant
18 risk of incarceration or homelessness unless treatment is provided
19 to them and who are severely mentally ill adults. For purposes of
20 this subdivision, "severely mentally ill adults" are those individuals
21 described in subdivision (b) of Section 5600.3. In consultation
22 with the advisory committee established pursuant to paragraph (3)
23 of subdivision (a), the department shall report to the Legislature
24 on or before May 1 of each year in which additional funding is
25 provided, and shall evaluate, at a minimum, the effectiveness of
26 the strategies in providing successful outreach and reducing
27 homelessness, involvement with local law enforcement, and other
28 measures identified by the department. The evaluation shall include
29 for each program funded in the current fiscal year as much of the
30 following as available information permits:

31 (1) The number of persons served, and of those, the number
32 who receive extensive community mental health services.

33 (2) The number of persons who are able to maintain housing,
34 including the type of housing and whether it is emergency,
35 transitional, or permanent housing, as defined by the department.

36 (3) (A) The amount of grant funding spent on each type of
37 housing.

38 (B) Other local, state, or federal funds or programs used to house
39 clients.

1 (4) The number of persons with contacts with local law
2 enforcement and the extent to which local and state incarceration
3 has been reduced or avoided.

4 (5) The number of persons participating in employment service
5 programs including competitive employment.

6 (6) The number of persons contacted in outreach efforts who
7 appear to be severely mentally ill, as described in Section 5600.3,
8 who have refused treatment after completion of all applicable
9 outreach measures.

10 (7) The amount of hospitalization that has been reduced or
11 avoided.

12 (8) The extent to which veterans identified through these
13 programs' outreach are receiving federally funded veterans'
14 services for which they are eligible.

15 (9) The extent to which programs funded for three or more years
16 are making a measurable and significant difference on the street,
17 in hospitals, and in jails, as compared to other counties or as
18 compared to those counties in previous years.

19 (10) For those who have been enrolled in this program for at
20 least two years and who were enrolled in Medi-Cal prior to, and
21 at the time they were enrolled in, this program, a comparison of
22 their Medi-Cal hospitalizations and other Medi-Cal costs for the
23 two years prior to enrollment and the two years after enrollment
24 in this program.

25 (11) The number of persons served who were and were not
26 receiving Medi-Cal benefits in the 12-month period prior to
27 enrollment and, to the extent possible, the number of emergency
28 room visits and other medical costs for those not enrolled in
29 Medi-Cal in the prior 12-month period.

30 (c) To the extent that state savings associated with providing
31 integrated services for the mentally ill are quantified, it is the intent
32 of the Legislature to capture those savings in order to provide
33 integrated services to additional adults.

34 (d) Each project shall include outreach and service grants in
35 accordance with a contract between the state and approved counties
36 that reflects the number of anticipated contacts with people who
37 are homeless or at risk of homelessness, and the number of those
38 who are severely mentally ill and who are likely to be successfully
39 referred for treatment and will remain in treatment as necessary.

(e) All counties that receive funding shall be subject to specific terms and conditions of oversight and training which shall be developed by the department, in consultation with the advisory committee.

(f) (1) As used in this part, “receiving extensive mental health services” means having a personal services coordinator, as described in subdivision (b) of Section 5806, and having an individual personal service plan, as described in subdivision (c) of Section 5806.

(2) The funding provided pursuant to this part shall be sufficient to provide mental health services, medically necessary medications to treat severe mental illnesses, alcohol and drug services, transportation, supportive housing and other housing assistance, vocational rehabilitation and supported employment services, money management assistance for accessing other health care and obtaining federal income and housing support, accessing veterans’ services, stipends, and other incentives to attract and retain sufficient numbers of qualified professionals as necessary to provide the necessary levels of these services. These grants shall, however, pay for only that portion of the costs of those services not otherwise provided by federal funds or other state funds.

(3) Methods used by counties to contract for services pursuant to paragraph (2) shall promote prompt and flexible use of funds, consistent with the scope of services for which the county has contracted with each provider.

(g) Contracts awarded pursuant to this part shall be exempt from the Public Contract Code and the state administrative manual and shall not be subject to the approval of the Department of General Services.

(h) Notwithstanding any other provision of law, funds awarded to counties pursuant to this part and Part 4 (commencing with Section 5850) shall not require a local match in funds.

SEC. 102. Section 10506 of the Welfare and Institutions Code is amended to read:

10506. (a) Except as otherwise required by Sections 10614 and 14100.5, the State Department of Health Care Services (Genetically Handicapped Persons, CCS, CHDP, and the caseload programs in the Genetic Disease Branch), ~~State Department of Alcohol and Drug Programs (Drug Medi-Cal Program)~~, Managed Risk Medical Insurance Board, State Department of Developmental

1 Services, State Department of State Hospitals, and Department of
2 Child Support Services shall submit to the Department of Finance
3 for its approval all assumptions underlying all estimates used to
4 develop the departments' budgets by September 10 of each year,
5 and those assumptions, as revised by, March 1 of the following
6 year.

7 (b) The Department of Finance shall approve, modify, or deny
8 the assumptions underlying all estimates within 15 working days
9 of their submission. If the Department of Finance does not modify,
10 deny, or otherwise indicate that the assumptions are open for
11 consideration pending further information submitted by the
12 department by that date, the assumptions as presented by the
13 submitting department shall be deemed to be accepted by the
14 Department of Finance as of that date.

15 (c) Each department or board described in subdivision (a) shall
16 also submit an estimate of expenditures for each of the categorical
17 aid programs in its budget to the Department of Finance by
18 November 1 of each year and those estimates as revised by April
19 20 of the following year. Each estimate shall contain a concise
20 statement identifying applicable estimate components, such as
21 caseload, unit cost, implementation date, whether it is a new or
22 continuing premise, and other assumptions necessary to support
23 the estimate. The submittal shall include a projection of the fiscal
24 impact of each of the approved assumptions related to a regulatory,
25 statutory, or policy change, a detailed explanation of any changes
26 to the base estimate projections from the previous estimate, and a
27 projection of the fiscal impact of that change to the base estimate.

28 (d) Each department or board shall identify those premises to
29 which either of the following applies:

30 (1) Have been discontinued since the previous estimate was
31 submitted. The department or board shall provide a chart that tracks
32 the history of each discontinued premise in the prior year, the
33 current year, and the budget year.

34 (2) Have been placed in the basic cost line of the estimate
35 package.

36 (e) In the event that the methodological steps employed in
37 arriving at the estimates in May differ from those used in
38 November of the preceding year, the department or board shall
39 submit a descriptive narrative of the revised methodology. In
40 addition, the estimates shall include fiscal charts that track

1 appropriations from the Budget Act to the current Governor's
2 Budget and May Revision for all fund sources for the prior year,
3 current year and budget year. This information shall be provided
4 to the Department of Finance, the Joint Legislative Budget
5 Committee, the Health and Human Services Policy Committees,
6 and the fiscal committees, along with other materials included in
7 the annual May Revision of expenditure estimates.

8 (f) The estimates of average monthly caseloads, average monthly
9 grants, total estimated expenditures, including administrative
10 expenditures and savings or costs associated with all regulatory
11 or statutory changes, as well as all supporting data provided by
12 the department or developed independently by the Department of
13 Finance, shall be made available to the Joint Legislative Budget
14 Committee, the Health and Human Services Policy Committees,
15 and the fiscal committees.

16 (g) On or after January 10, if the Department of Finance
17 discovers a material error in the information provided pursuant to
18 this section, the Department of Finance shall inform the consultants
19 to the fiscal committees of the error in a timely manner.

20 (h) The departmental estimates, assumptions, and other
21 supporting data prepared for purposes of this section shall be
22 forwarded annually to the Joint Legislative Budget Committee,
23 the Health and Human Services Policy Committees, and the fiscal
24 committees of the Legislature, not later than January 10 and May
25 14 by the department or board if this information has not been
26 released earlier by the Department of Finance.

27 (i) The requirements of this section do not apply to the State
28 Department of Social Services estimate or the State Department
29 of Health Care Services' Medi-Cal Program estimate, which are
30 governed by Sections 10614 and 14100.5, respectively.

31 (j) The Department of Rehabilitation shall submit assumptions
32 and an estimate of case services expenditures for the Vocational
33 Rehabilitation (VR) program specifically detailing the VR
34 supported employment and work activity elements in accordance
35 with this part, except that assumptions shall be submitted only
36 annually, on or before March 1, and an estimate of expenditures
37 shall be submitted only annually, on or before April 20, to the
38 Department of Finance. The departmental assumptions and the
39 departmental estimate of expenditures shall be forwarded annually,
40 on or before May 14, to the Joint Legislative Budget Committee,

1 and to the health and human services policy committees and fiscal
2 committees of the Legislature, if this information has not been
3 released earlier by the Department of Finance.

4 *SEC. 103. Section 14132.21 of the Welfare and Institutions*
5 *Code is amended to read:*

6 14132.21. ~~The department, in consultation with the State~~
7 ~~Department of Alcohol and Drug Programs,~~ *department* shall
8 assess the feasibility of applying to the federal Health Care
9 Financing Administration for a Medicaid State Plan amendment
10 to provide targeted case management to pregnant substance-abusing
11 women and women who have given birth to a drug-exposed or
12 alcohol-exposed infant. These women may be identified through
13 self-referral, family planning or health clinics, public or private
14 hospitals, drug treatment programs, the Medi-Cal program, or other
15 public assistance or health treatment programs. Women eligible
16 for services under the targeted case management program would
17 be provided the following case management services:

18 (a) Intake and service needs assessment of women currently
19 receiving Medi-Cal benefits.

20 (b) Development of a coordinated health and treatment plan for
21 the eligible woman and her infant, listing needed services.

22 (c) Case management services to assist with gaining access to
23 needed medical, social, educational, and other services.

24 (d) Referral to any of the following programs that are listed in
25 the woman's health and treatment plan:

26 (1) Child Health and Disability Prevention Program.

27 (2) Supplementary Food Program for Women, Infants, and
28 Children (WIC).

29 (3) Drug abuse treatment and detoxification programs.

30 (4) In-home support services to enhance the woman's utilization
31 of drug treatment programs, and prenatal and perinatal care
32 services.

33 (5) Transportation to health and drug treatment services.

34 (6) Crisis assistance to address health and drug treatment needs.

35 (7) Other case management services authorized by the federal
36 Health Care Financing Administration.

37 *SEC. 104. Section 14132.36 of the Welfare and Institutions*
38 *Code is repealed.*

39 ~~14132.36. (a) To the extent that federal financial participation~~
40 ~~becomes available, residential care for alcohol and drug exposed~~

1 pregnant women and women in the postpartum perinatal period is
2 a covered service under this chapter, subject to utilization controls.

3 (b) ~~For purposes of this section, “residential care” shall consist~~
4 ~~of those services specified in the interagency agreement between~~
5 ~~the State Department of Alcohol and Drug Programs and the State~~
6 ~~Department of Health Services.~~

7 (c) ~~The State Department of Alcohol and Drug Programs shall~~
8 ~~be the agency responsible for establishing the residential care~~
9 ~~programs. The department shall, for the purposes of this section,~~
10 ~~provide funds from the department’s budget for the purpose of~~
11 ~~obtaining federal matching funds under Title XIX of the Social~~
12 ~~Security Act (42 U.S.C. Sec. 1396, and following) for the~~
13 ~~residential care programs.~~

14 *SEC. 105. Section 14132.90 of the Welfare and Institutions*
15 *Code is amended to read:*

16 14132.90. (a) As of September 15, 1995, day care habilitative
17 services, pursuant to subdivision (c) of Section 14021 shall be
18 provided only to alcohol and drug exposed pregnant women and
19 women in the postpartum period, or as required by federal law.

20 (b) (1) Notwithstanding any other provision of law, except to
21 the extent required by federal law, if, as of May 15, 2000, the
22 projected costs for the 1999–2000 fiscal year for outpatient drug
23 abuse services, as described in Section 14021, exceed forty-five
24 million dollars (\$45,000,000) in state General Fund moneys, then
25 the outpatient drug free services, as defined in Section 51341.1 of
26 Title 22 of the California Code of Regulations, shall not be a
27 benefit under this chapter as of July 1, 2000.

28 (2) Notwithstanding paragraph (1), narcotic replacement therapy
29 and Naltrexone shall remain benefits under this chapter.

30 (3) Notwithstanding paragraph (1), residential care, outpatient
31 drug free services, and day care habilitative services, for alcohol
32 and drug exposed pregnant women and women in the postpartum
33 period shall remain benefits under this chapter.

34 (c) Expenditures for services purchased at the direction of county
35 welfare departments on behalf of CalWORKs recipients shall not
36 be included in the computation of costs for subdivision (b).

37 (d) For the 1999–2000 fiscal year and each fiscal year thereafter,
38 there shall be separate annual fiscal year General Fund
39 appropriations for drug Medi-Cal perinatal services (Item
40 4200-104-0001 of the Budget Act), drug Medi-Cal nonperinatal

1 services (Item 4200-103-0001 of the Budget Act), nondrug
2 Medi-Cal perinatal services (Item 4200-102-0001 of the Budget
3 Act), and nondrug Medi-Cal nonperinatal services (Item
4 4200-101-0001 of the Budget Act).

5 (e) Notwithstanding any other provision of law, the State
6 Department of Alcohol and Drug Programs shall maintain a
7 contingency reserve of the reappropriated General Fund moneys
8 for the purpose of drug Medi-Cal program expenditures.

9 (f) Unexpended General Fund moneys appropriated for the drug
10 Medi-Cal program may be transferred for use as nondrug Medi-Cal
11 county expenditures in the current or budget years. Unexpended
12 General Fund moneys shall not be transferred from nondrug
13 Medi-Cal to the drug Medi-Cal program for purposes of providing
14 matching funds for federal financial participation.

15 (g) *This section shall become inoperative on July 1, 2013.*

16 SEC. 106. *Section 14132.905 is added to the Welfare and*
17 *Institutions Code, immediately following Section 14132.90, to*
18 *read:*

19 14132.905. (a) *Day care habilitative services, pursuant to*
20 *subdivision (c) of Section 14021, shall be provided only to alcohol-*
21 *and drug-exposed pregnant women and women in the postpartum*
22 *period, or as required by federal law.*

23 (b) *This section shall become operative on July 1, 2013.*

24 SEC. 107. *Section 17700 of the Welfare and Institutions Code*
25 *is amended to read:*

26 17700. The Legislature finds and declares all of the following:

27 (a) Many children adjudicated dependents of the juvenile court
28 pursuant to Section 300 and following are, because of abuse,
29 neglect, or exploitation within the family environment, unable to
30 remain safely in their own homes.

31 (b) Children requiring placement in foster care are, pursuant to
32 Section 675 (5)(a) of Title 42 of the United States Code, entitled
33 to placement in the least restrictive, most family-like setting in
34 close proximity to the parent's home, consistent with the best
35 interest and special needs of the child.

36 (c) A significant number of children adjudicated dependents of
37 the juvenile court under Section 300 and following who require
38 placement outside their own homes have special health care needs.
39 Children with biological families who can provide health care

1 services can be discharged from hospital care into home care when
2 it has been determined that the child is medically stable.

3 (d) Children who have become dependents of the juvenile court
4 may become, because of a lack of appropriate placement options,
5 long-term boarders in hospitals or other health care institutions.

6 (e) It is, therefore, the intent of the Legislature to support
7 expansion of existing prevention and treatment programs designed
8 to serve the parent and child with special health care needs which
9 are administered by the State Department of Health Care Services,
10 ~~the State Department of Social Services~~, and the State Department
11 ~~of Alcohol and Drug Programs~~. *Social Services*.

12 Further, it is the intent of the Legislature to establish a program
13 to place children with special health care needs in special foster
14 care homes, licensed pursuant to Chapter 3 (commencing with
15 Section 1500) of Division 2 of the Health and Safety Code, wherein
16 foster parents are trained by health care professionals, pursuant to
17 the discharge plan of the facility releasing the child being placed,
18 or who is currently, in foster care.

19 It is further the intent of the Legislature to encourage, to the
20 extent feasible, the placement of children with special health care
21 needs with relatives trained by health care professionals.

22 *SEC. 108. Section 18987.7 of the Welfare and Institutions Code*
23 *is amended to read:*

24 18987.7. (a) The State Department of Social Services shall
25 convene a workgroup of public and private nonprofit stakeholders
26 that shall develop a plan for transforming the current system of
27 group care for foster children or youth, and for children with
28 serious emotional disorders (SED), into a system of residentially
29 based services. The stakeholders may include, but not be limited
30 to, representatives of the department, the State Department of
31 Education, the State Department of Health Care Services, ~~the State~~
32 ~~Department of Alcohol and Drug Programs~~, and the Department
33 of Corrections and Rehabilitation; county child welfare, probation,
34 mental health, and alcohol and drug programs; local education
35 authorities; current and former foster youth, parents of foster
36 children or youth, and children or youth with SED; private
37 nonprofit agencies operating group homes; children's advocates;
38 and other interested parties.

39 (b) The plan developed pursuant to this chapter shall utilize the
40 reports delivered to the Legislature pursuant to Section 75 of

1 Chapter 311 of the Statutes of 1998 by the Steering Committee
2 for the Reexamination of the Role of Group Care in a Family-Based
3 System of Care in June 2001 and August 2002, and the
4 “Framework for a New System for Residentially-Based Services
5 in California” published in March 2006.

6 (c) In the development, implementation, and subsequent
7 revisions of the plan developed pursuant to subdivision (a), the
8 knowledge and experience gained by counties and private nonprofit
9 agencies through the operation of their residentially based services
10 programs created under voluntary agreements made pursuant to
11 Section 18987.72, including, but not limited to, the results of
12 evaluations prepared pursuant to paragraph (3) of subdivision (c)
13 of Section 18987.72 shall be utilized.

14 (d) The workgroup described in subdivision (a) shall be the
15 workgroup described in Section 11461.2. The responsibilities
16 described in subdivisions (b) and (c) shall be assumed by the
17 workgroup and the recommendations shall be submitted as set
18 forth in subdivision (f) of Section 11461.2.

19 *SEC. 109. The sum of two million four thousand dollars*
20 *(\$2,004,000) is hereby appropriated from the Federal Trust Fund*
21 *to the State Department of Health Care Services for mental health*
22 *programs, and shall be available for encumbrance and expenditure*
23 *until June 30, 2014.*

24 *SEC. 110. This act shall become operative on July 1, 2013.*

25 *SEC. 111. This act is a bill providing for appropriations*
26 *related to the Budget Bill within the meaning of subdivision (e) of*
27 *Section 12 of Article IV of the California Constitution, has been*
28 *identified as related to the budget in the Budget Bill, and shall*
29 *take effect immediately.*

30 ~~SECTION 1. It is the intent of the Legislature to enact statutory~~
31 ~~changes relating to the Budget Act of 2013.~~